SERFF Tracking Number:	*MULF-128202460*	*State:*	*Arkansas*
Filing Company:	*John Hancock Life Insurance Company (USA)*	*State Tracking Number:*	
Company Tracking Number:	*CCIII FEATURING BENEFIT BUILDER*		
TOI:	*LTC03I Individual Long Term Care*	*Sub-TOI:*	*LTC03I.001 Qualified*
Product Name:	*Long-Term Care Insurance*		
Project Name/Number:	*CCIII featuring Benefit Builder/*		

Filing at a Glance

Company: John Hancock Life Insurance Company (USA)

Product Name: Long-Term Care Insurance	SERFF Tr Num: MULF-128202460	State: Arkansas
TOI: LTC03I Individual Long Term Care	SERFF Status: Closed-Approved	State Tr Num:
Sub-TOI: LTC03I.001 Qualified	Co Tr Num: CCIII FEATURING BENEFIT BUILDER	State Status: Approved-Closed
Filing Type: Form/Rate		Reviewer(s): Donna Lambert
	Authors: Michelle Fluet, Glenn Daly, Carol Folsom, Pat Hamlett, Marie Roche, Joanne Witham	Disposition Date: 06/27/2012
	Date Submitted: 04/04/2012	Disposition Status: Approved
Implementation Date Requested: On Approval		Implementation Date:

State Filing Description:

4/10/2012 - Received phone call from Michelle Fluet. She states that the rates attached to this filing are new rates that support the new inflation protection option. The forms attached for review are an endorsement and reconsideration application which provide the new inflation protection option, Benefit Builder. Subsequent to the phone conversation, the filing has been reopened.

General Information

Project Name: CCIII featuring Benefit Builder	Status of Filing in Domicile: Pending
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 06/27/2012
	State Status Changed: 06/27/2012
Deemer Date:	Created By: Joanne Witham
Submitted By: Joanne Witham	Corresponding Filing Tracking Number: MULF-128206502.

Filing Description:

Re: John Hancock Life Insurance Company (U.S.A.)
Company NAIC # 65838, FEIN # 01-0233346
Individual Long-Term Care Insurance Submission
Benefit Builder & Web Application (see attached forms list)

SERFF Tracking Number:	*MULF-128202460*	*State:*	*Arkansas*
Filing Company:	*John Hancock Life Insurance Company (USA)*	*State Tracking Number:*	
Company Tracking Number:	*CCIII FEATURING BENEFIT BUILDER*		
TOI:	*LTC03I Individual Long Term Care*	*Sub-TOI:*	*LTC03I.001 Qualified*
Product Name:	*Long-Term Care Insurance*		
Project Name/Number:	*CCIII featuring Benefit Builder/*		

Dear Commissioner:

We enclose the above referenced addendum to the actuarial memo for your review and approval. This memo and new rate schedules that will apply to Benefit Builder are added to the actuarial memo and rates associated with our Custom Care III policy form LTC-11 AR submitted on 4/4/2012 to your department under SERFF Tracking Number MULF-128206502.

Benefit Builder
We have developed an alternative to traditional automatic inflation features that typically can add significant cost to an LTC insurance policy. Benefit Builder will allow a consumer to purchase the comprehensive coverage needed, while keeping premiums lower relative to other forms of inflation protection. It will be marketed primarily to younger buyers, who generally do not anticipate needing care for many years.

Benefit Builder will enable a policyholder to increase benefits over time by way of Automatic Crediting and a voluntary Buy-Up Option.

Starting on the third Policy Anniversary, Automatic Crediting will allow an insured's policy benefits to grow gradually over time with no corresponding increase in premium, by factoring in excess earnings, if any, from the subset of the general account that John Hancock uses to support its LTC insurance policies, to automatically increase benefits.

The Buy-Up Option will provide the policyholder with the opportunity to elect to increase policy benefits for an additional premium every three years.

Outline of Coverage and Applications
With the addition of Benefit Builder, we have revised our application and outline of coverage to reflect this new option and some changes due to process changes which are being submitted to your department in a separate submission, SERFF Tracking Number MULF-128206502.
In addition, we are submitting a new reconsideration application (LTC-INC12), this application will be used for existing policyholders which have been issued benefits different than initially applied for, due to medical conditions, which we may considered after a certain amount of time has passed.

The following items are included in this submission:
* the submission letter.
* all actuarial material..
* all required certifications.

Thank you for your time and consideration in this matter. If you have any questions please feel free to contact me.

SERFF Tracking Number:	*MULF-128202460*	*State:*	*Arkansas*
Filing Company:	*John Hancock Life Insurance Company (USA)*	*State Tracking Number:*	
Company Tracking Number:	*CCIII FEATURING BENEFIT BUILDER*		
TOI:	*LTC03I Individual Long Term Care*	*Sub-TOI:*	*LTC03I.001 Qualified*
Product Name:	*Long-Term Care Insurance*		
Project Name/Number:	*CCIII featuring Benefit Builder/*		

Sincerely,

Michelle Fluet

State Narrative:

Company and Contact

Filing Contact Information

Michelle Fluet, Senior Contract Consultant	mfluet@jhancock.com
200 Berkeley Street	617-572-0101 [Phone]
B6-06	617-572-0399 [FAX]
Boston, MA 02117	

Filing Company Information

John Hancock Life Insurance Company (USA)	CoCode: 65838	State of Domicile: Michigan
200 Berkeley Street	Group Code: 904	Company Type:
Boston, MA 02176	Group Name:	State ID Number:
(617) 572-6000 ext. [Phone]	FEIN Number: 01-0233346	

Filing Fees

Fee Required?	Yes
Fee Amount:	$150.00
Retaliatory?	No
Fee Explanation:	2 forms + 1 rate x $50.00 = $150.00
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
John Hancock Life Insurance Company (USA)	$150.00	04/04/2012	57728965

SERFF Tracking Number:	*MULF-128202460*	*State:*	*Arkansas*
Filing Company:	*John Hancock Life Insurance Company (USA)*	*State Tracking Number:*	
Company Tracking Number:	*CCIII FEATURING BENEFIT BUILDER*		
TOI:	*LTC03I Individual Long Term Care*	*Sub-TOI:*	*LTC03I.001 Qualified*
Product Name:	*Long-Term Care Insurance*		
Project Name/Number:	*CCIII featuring Benefit Builder/*		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Donna Lambert	06/27/2012	06/27/2012
Approved	Donna Lambert	04/18/2012	04/18/2012
Approved	Donna Lambert	04/12/2012	04/12/2012
Disapproved	Donna Lambert	04/10/2012	04/10/2012

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Benefit Builder Endorsement	Michelle Fluet	06/15/2012	06/15/2012
Form	Outline of Coverage	Michelle Fluet	06/15/2012	06/15/2012
Rate	Actuarial Memo	Michelle Fluet	06/15/2012	06/15/2012
Supporting Document	Health - Actuarial Justification	Michelle Fluet	06/15/2012	06/15/2012
Form	Application	Michelle Fluet	04/18/2012	04/18/2012
Supporting Document	Statement of Variability	Michelle Fluet	04/18/2012	04/18/2012
Form	Application	Michelle Fluet	04/10/2012	04/10/2012
Form	Hospice Care Endorsement	Michelle Fluet	04/10/2012	04/10/2012
Form	Waiver of Home Health Care Elimination Period Rider	Michelle Fluet	04/10/2012	04/10/2012
Form	Outline of Coverage	Michelle Fluet	04/10/2012	04/10/2012
Form	Application	Michelle Fluet	04/10/2012	04/10/2012
Supporting	Flesch Certification	Michelle Fluet	04/10/2012	04/10/2012

SERFF Tracking Number:	*MULF-128202460*	*State:*	*Arkansas*
Filing Company:	*John Hancock Life Insurance Company (USA)*	*State Tracking Number:*	
Company Tracking Number:	*CCIII FEATURING BENEFIT BUILDER*		
TOI:	*LTC03I Individual Long Term Care*	*Sub-TOI:*	*LTC03I.001 Qualified*
Product Name:	*Long-Term Care Insurance*		
Project Name/Number:	*CCIII featuring Benefit Builder/*		

Document				
Supporting Document	Application	Michelle Fluet	04/10/2012	04/10/2012
Supporting Document	Outline of Coverage	Michelle Fluet	04/10/2012	04/10/2012
Supporting Document	Cover Letter	Michelle Fluet	04/10/2012	04/10/2012
Supporting Document	Statement of Variability	Michelle Fluet	04/10/2012	04/10/2012
Supporting Document	Health - Actuarial Justification	Michelle Fluet	04/06/2012	04/06/2012

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Re-opened	Note To Filer	Donna Lambert	06/15/2012	06/15/2012
Request to Re-open	Note To Reviewer	Michelle Fluet	06/15/2012	06/15/2012

SERFF Tracking Number:	*MULF-128202460*	*State:*	*Arkansas*
Filing Company:	*John Hancock Life Insurance Company (USA)*	*State Tracking Number:*	
Company Tracking Number:	*CCIII FEATURING BENEFIT BUILDER*		
TOI:	*LTC03I Individual Long Term Care*	*Sub-TOI:*	*LTC03I.001 Qualified*
Product Name:	*Long-Term Care Insurance*		
Project Name/Number:	*CCIII featuring Benefit Builder/*		

Disposition

Disposition Date: 06/27/2012
Implementation Date:
Status: Approved
Comment: Michelle, thank you for your phone call. Have a great day.

Company Name:	**Overall % Indicated Change:**	**Overall % Rate Impact:**	**Written Premium Change for this Program:**	**# of Policy Holders Affected for this Program:**	**Written Premium for this Program:**	**Maximum % Change (where required):**	**Minimum % Change (where required):**
John Hancock Life Insurance Company (USA)	%	%	$		$	%	%

SERFF Tracking Number:	*MULF-128202460*	*State:*	*Arkansas*
Filing Company:	*John Hancock Life Insurance Company (USA)*	*State Tracking Number:*	
Company Tracking Number:	*CCIII FEATURING BENEFIT BUILDER*		
TOI:	*LTC03I Individual Long Term Care*	*Sub-TOI:*	*LTC03I.001 Qualified*
Product Name:	*Long-Term Care Insurance*		
Project Name/Number:	*CCIII featuring Benefit Builder/*		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document *(revised)*	Flesch Certification	Approved	Yes
Supporting Document	Flesch Certification	Replaced	Yes
Supporting Document *(revised)*	Application	Approved	Yes
Supporting Document	Application	Replaced	Yes
Supporting Document *(revised)*	Health - Actuarial Justification	Approved	Yes
Supporting Document	Health - Actuarial Justification	Replaced	Yes
Supporting Document	Health - Actuarial Justification	Replaced	Yes
Supporting Document *(revised)*	Outline of Coverage	Approved	Yes
Supporting Document	Outline of Coverage	Replaced	Yes
Supporting Document *(revised)*	Cover Letter	Approved	Yes
Supporting Document	Cover Letter	Replaced	Yes
Supporting Document *(revised)*	Statement of Variability	Approved	Yes
Supporting Document	Statement of Variability	Replaced	Yes
Supporting Document	Statement of Variability	Replaced	Yes
Form *(revised)*	Benefit Builder Endorsement	Approved	Yes
Form	Benefit Builder Endorsement	Replaced	Yes
Form	Reconsideration Application	Approved	Yes
Form	Hospice Care Endorsement	Approved	Yes
Form	Waiver of Home Health Care Elimination Period Rider	Approved	Yes
Form *(revised)*	Application	Approved	Yes
Form	Application	Replaced	Yes
Form *(revised)*	Outline of Coverage	Approved	Yes
Form	Outline of Coverage	Replaced	Yes
Form	Application	Replaced	Yes
Rate *(revised)*	Actuarial Memo	Approved	No
Rate	Actuarial Memo	Replaced	No

SERFF Tracking Number:	*MULF-128202460*	*State:*	*Arkansas*
Filing Company:	*John Hancock Life Insurance Company (USA)*	*State Tracking Number:*	
Company Tracking Number:	*CCIII FEATURING BENEFIT BUILDER*		
TOI:	*LTC03I Individual Long Term Care*	*Sub-TOI:*	*LTC03I.001 Qualified*
Product Name:	*Long-Term Care Insurance*		
Project Name/Number:	*CCIII featuring Benefit Builder/*		

Disposition

Disposition Date: 04/18/2012
Implementation Date:
Status: Approved
Comment:

Company Name:	**Overall % Indicated Change:**	**Overall % Rate Impact:**	**Written Premium Change for this Program:**	**# of Policy Holders Affected for this Program:**	**Written Premium for this Program:**	**Maximum % Change (where required):**	**Minimum % Change (where required):**
John Hancock Life Insurance Company (USA)	%	%	$		$	%	%

SERFF Tracking Number:	*MULF-128202460*	*State:*	*Arkansas*
Filing Company:	*John Hancock Life Insurance Company (USA)*	*State Tracking Number:*	
Company Tracking Number:	*CCIII FEATURING BENEFIT BUILDER*		
TOI:	*LTC03I Individual Long Term Care*	*Sub-TOI:*	*LTC03I.001 Qualified*
Product Name:	*Long-Term Care Insurance*		
Project Name/Number:	*CCIII featuring Benefit Builder/*		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document *(revised)*	Flesch Certification	Approved	Yes
Supporting Document	Flesch Certification	Replaced	Yes
Supporting Document *(revised)*	Application	Approved	Yes
Supporting Document	Application	Replaced	Yes
Supporting Document *(revised)*	Health - Actuarial Justification	Approved	Yes
Supporting Document	Health - Actuarial Justification	Replaced	Yes
Supporting Document	Health - Actuarial Justification	Replaced	Yes
Supporting Document *(revised)*	Outline of Coverage	Approved	Yes
Supporting Document	Outline of Coverage	Replaced	Yes
Supporting Document *(revised)*	Cover Letter	Approved	Yes
Supporting Document	Cover Letter	Replaced	Yes
Supporting Document *(revised)*	Statement of Variability	Approved	Yes
Supporting Document	Statement of Variability	Replaced	Yes
Supporting Document	Statement of Variability	Replaced	Yes
Form *(revised)*	Benefit Builder Endorsement	Approved	Yes
Form	Benefit Builder Endorsement	Replaced	Yes
Form	Reconsideration Application	Approved	Yes
Form	Hospice Care Endorsement	Approved	Yes
Form	Waiver of Home Health Care Elimination Period Rider	Approved	Yes
Form *(revised)*	Application	Approved	Yes
Form	Application	Replaced	Yes
Form *(revised)*	Outline of Coverage	Approved	Yes
Form	Outline of Coverage	Replaced	Yes
Form	Application	Replaced	Yes
Rate *(revised)*	Actuarial Memo	Approved	No
Rate	Actuarial Memo	Replaced	No

SERFF Tracking Number:	*MULF-128202460*	*State:*	*Arkansas*
Filing Company:	*John Hancock Life Insurance Company (USA)*	*State Tracking Number:*	
Company Tracking Number:	*CCIII FEATURING BENEFIT BUILDER*		
TOI:	*LTC03I Individual Long Term Care*	*Sub-TOI:*	*LTC03I.001 Qualified*
Product Name:	*Long-Term Care Insurance*		
Project Name/Number:	*CCIII featuring Benefit Builder/*		

Disposition

Disposition Date: 04/12/2012
Implementation Date:
Status: Approved
Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
John Hancock Life Insurance Company (USA)	%	%	$		$	%	%

SERFF Tracking Number:	*MULF-128202460*	*State:*	*Arkansas*
Filing Company:	*John Hancock Life Insurance Company (USA)*	*State Tracking Number:*	
Company Tracking Number:	*CCIII FEATURING BENEFIT BUILDER*		
TOI:	*LTC03I Individual Long Term Care*	*Sub-TOI:*	*LTC03I.001 Qualified*
Product Name:	*Long-Term Care Insurance*		
Project Name/Number:	*CCIII featuring Benefit Builder/*		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document *(revised)*	Flesch Certification	Approved	Yes
Supporting Document	Flesch Certification	Replaced	Yes
Supporting Document *(revised)*	Application	Approved	Yes
Supporting Document	Application	Replaced	Yes
Supporting Document *(revised)*	Health - Actuarial Justification	Approved	Yes
Supporting Document	Health - Actuarial Justification	Replaced	Yes
Supporting Document	Health - Actuarial Justification	Replaced	Yes
Supporting Document *(revised)*	Outline of Coverage	Approved	Yes
Supporting Document	Outline of Coverage	Replaced	Yes
Supporting Document *(revised)*	Cover Letter	Approved	Yes
Supporting Document	Cover Letter	Replaced	Yes
Supporting Document *(revised)*	Statement of Variability	Approved	Yes
Supporting Document	Statement of Variability	Replaced	Yes
Supporting Document	Statement of Variability	Replaced	Yes
Form *(revised)*	Benefit Builder Endorsement	Approved	Yes
Form	Benefit Builder Endorsement	Replaced	Yes
Form	Reconsideration Application	Approved	Yes
Form	Hospice Care Endorsement	Approved	Yes
Form	Waiver of Home Health Care Elimination Period Rider	Approved	Yes
Form *(revised)*	Application	Approved	Yes
Form	Application	Replaced	Yes
Form *(revised)*	Outline of Coverage	Approved	Yes
Form	Outline of Coverage	Replaced	Yes
Form	Application	Replaced	Yes
Rate *(revised)*	Actuarial Memo	Approved	No
Rate	Actuarial Memo	Replaced	No

SERFF Tracking Number:	*MULF-128202460*	*State:*	*Arkansas*
Filing Company:	*John Hancock Life Insurance Company (USA)*	*State Tracking Number:*	
Company Tracking Number:	*CCIII FEATURING BENEFIT BUILDER*		
TOI:	*LTC03I Individual Long Term Care*	*Sub-TOI:*	*LTC03I.001 Qualified*
Product Name:	*Long-Term Care Insurance*		
Project Name/Number:	*CCIII featuring Benefit Builder/*		

Disposition

Disposition Date: 04/10/2012
Implementation Date: 04/10/2012
Status: Disapproved
Comment: Rate increase requests must be filed separately.

Please refile the forms using the "Form" Filing Type, and the rates using the "Rate" Filing Type. You do not have to submit additional filing fees.

Please refer to this submission in your new filings.

Company Name:	**Overall % Indicated Change:**	**Overall % Rate Impact:**	**Written Premium Change for this Program:**	**# of Policy Holders Affected for this Program:**	**Written Premium for this Program:**	**Maximum % Change (where required):**	**Minimum % Change (where required):**
John Hancock Life Insurance Company (USA)	%	%	$		$	%	%

SERFF Tracking Number:	*MULF-128202460*	*State:*	*Arkansas*
Filing Company:	*John Hancock Life Insurance Company (USA)*	*State Tracking Number:*	
Company Tracking Number:	*CCIII FEATURING BENEFIT BUILDER*		
TOI:	*LTC03I Individual Long Term Care*	*Sub-TOI:*	*LTC03I.001 Qualified*
Product Name:	*Long-Term Care Insurance*		
Project Name/Number:	*CCIII featuring Benefit Builder/*		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document *(revised)*	Flesch Certification	Approved	Yes
Supporting Document	Flesch Certification	Replaced	Yes
Supporting Document *(revised)*	Application	Approved	Yes
Supporting Document	Application	Replaced	Yes
Supporting Document *(revised)*	Health - Actuarial Justification	Approved	Yes
Supporting Document	Health - Actuarial Justification	Replaced	Yes
Supporting Document	Health - Actuarial Justification	Replaced	Yes
Supporting Document *(revised)*	Outline of Coverage	Approved	Yes
Supporting Document	Outline of Coverage	Replaced	Yes
Supporting Document *(revised)*	Cover Letter	Approved	Yes
Supporting Document	Cover Letter	Replaced	Yes
Supporting Document *(revised)*	Statement of Variability	Approved	Yes
Supporting Document	Statement of Variability	Replaced	Yes
Supporting Document	Statement of Variability	Replaced	Yes
Form *(revised)*	Benefit Builder Endorsement	Approved	Yes
Form	Benefit Builder Endorsement	Replaced	Yes
Form	Reconsideration Application	Approved	Yes
Form	Hospice Care Endorsement	Approved	Yes
Form	Waiver of Home Health Care Elimination Period Rider	Approved	Yes
Form *(revised)*	Application	Approved	Yes
Form	Application	Replaced	Yes
Form *(revised)*	Outline of Coverage	Approved	Yes
Form	Outline of Coverage	Replaced	Yes
Form	Application	Replaced	Yes
Rate *(revised)*	Actuarial Memo	Approved	No
Rate	Actuarial Memo	Replaced	No

SERFF Tracking Number:	*MULF-128202460*	*State:*	*Arkansas*
Filing Company:	*John Hancock Life Insurance Company (USA)*	*State Tracking Number:*	
Company Tracking Number:	*CCIII FEATURING BENEFIT BUILDER*		
TOI:	*LTC03I Individual Long Term Care*	*Sub-TOI:*	*LTC03I.001 Qualified*
Product Name:	*Long-Term Care Insurance*		
Project Name/Number:	*CCIII featuring Benefit Builder/*		

Amendment Letter

Submitted Date: 06/15/2012

Comments:

We would like to take this opportunity to thank you for your consideration in opening this submission in order for us to provide the following amendments:

Since the approval we have received feedback and as a result we have made revisions to the actuarial addendum, the Benefit Builder endorsement, and the outline of coverage.

In order to stay consistent with the benefit we are submitting these changes.

• Actuarial memorandum addendum clarification to the Benefit Builder. Please note this addendum is added to the revised actuarial memo and rates associated with our Custom Care III policy form LTC-11 AR, approved on April 12, 2012 by your department under SERFF Tracking Number MULF-128251287.

• Benefit Builder (LTC-BLD/GIO) - Enhanced description of the Benefit Builder automatic crediting feature for clearer understanding for consumers.

• Outline of Coverage (OCLTC11 7/12) -We have revised the outline of coverage to enhance the description of Benefit Builder.

We certify since the date of the initial approval date, we have not offered or issued the Benefit Builder to consumers.

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
LTC-BLD/GIO	Policy/Contract/Fraternal Certificate: Amendment, Insert	Benefit Builder Endorsement	Initial					LTC-BLDGIO 6-13-12.pdf

SERFF Tracking Number:	*MULF-128202460*	*State:*	*Arkansas*
Filing Company:	*John Hancock Life Insurance Company (USA)*	*State Tracking Number:*	
Company Tracking Number:	*CCIII FEATURING BENEFIT BUILDER*		
TOI:	*LTC03I Individual Long Term Care*	*Sub-TOI:*	*LTC03I.001 Qualified*
Product Name:	*Long-Term Care Insurance*		
Project Name/Number:	*CCIII featuring Benefit Builder/*		

	Page, Endorsement or Rider				
OCLTC-11 AR 7/12	Outline of Coverage	Outline of Coverage	Initial		OCLTC11 AR revised.pdf

Rate/Rule Schedule Item Changes:

Document Name:	Affected Form Numbers: (Comma Separated list)	Rate Action:	Rate Action Information:	Attach Document:
Actuarial Memo	LTC-11 AR	New		AR LTC-11 Actuarial Memorandum Benefit Builder 6.13.12.pdf
BB Net Single Premiums.pdf	AR LTC-11 Actuarial Memorandum Benefit Builder 6.13.12.pdf BB Net Single Premiums.pdf			

Supporting Document Schedule Item Changes:

Satisfied -Name: Health - Actuarial Justification

Comment:

BB Net Single Premiums.pdf

AR LTC-11 Actuarial Memorandum Benefit Builder 6.13.12.pdf

AR LTC-11 Actuarial Memorandum Benefit Builder 6.13.12. redlined.pdf

SERFF Tracking Number:	*MULF-128202460*	*State:*	*Arkansas*
Filing Company:	*John Hancock Life Insurance Company (USA)*	*State Tracking Number:*	
Company Tracking Number:	*CCIII FEATURING BENEFIT BUILDER*		
TOI:	*LTC03I Individual Long Term Care*	*Sub-TOI:*	*LTC03I.001 Qualified*
Product Name:	*Long-Term Care Insurance*		
Project Name/Number:	*CCIII featuring Benefit Builder/*		

Note To Filer

Created By:

Donna Lambert on 06/15/2012 12:16 PM

Last Edited By:

Donna Lambert

Submitted On:

06/15/2012 12:16 PM

Subject:

Re-opened

Comments:

This filing is reopened to accept your revisions.

SERFF Tracking Number:	*MULF-128202460*	*State:*	*Arkansas*
Filing Company:	*John Hancock Life Insurance Company (USA)*	*State Tracking Number:*	
Company Tracking Number:	*CCIII FEATURING BENEFIT BUILDER*		
TOI:	*LTC03I Individual Long Term Care*	*Sub-TOI:*	*LTC03I.001 Qualified*
Product Name:	*Long-Term Care Insurance*		
Project Name/Number:	*CCIII featuring Benefit Builder/*		

Note To Reviewer

Created By:
Michelle Fluet on 06/15/2012 09:11 AM
Last Edited By:
Michelle Fluet
Submitted On:
06/15/2012 09:11 AM
Subject:
Request to Re-open
Comments:
Per you objection letter received under SERFF Tracking Number MULF-128472542, we are aksing for this filing to be reopened in order to make revisions to forms LTC-BLD/GIO, the Outline of Coverage form OCLTC-11 7/12 and the Actuarial memorandum.

Thank you for your consideration.

SERFF Tracking Number:	*MULF-128202460*	*State:*	*Arkansas*
Filing Company:	*John Hancock Life Insurance Company (USA)*	*State Tracking Number:*	
Company Tracking Number:	*CCIII FEATURING BENEFIT BUILDER*		
TOI:	*LTC03I Individual Long Term Care*	*Sub-TOI:*	*LTC03I.001 Qualified*
Product Name:	*Long-Term Care Insurance*		
Project Name/Number:	*CCIII featuring Benefit Builder/*		

Amendment Letter

Submitted Date: 04/18/2012

Comments:

We are amending this submission to replace the currently approved application with a revised application.

The revision was made to Part 9; the Declaration and Authorization section of the application.

Item 8 of the Premium Agreement and Authorization section was removed from this section, reworded and then added as Item 6 to the General Agreement and Acknowledgement section

We certify that this was the only changes made to this application from the approved version and we note that the application was never used or implemented.

We have also included a revised statement of variability for this application.

Thank you again for reopening this submission to allow for this change.

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
LTC-APP12 AR	Application/Enrollment Form	Application	Initial					AR 2012 Benefit Builder Application.pdf

Supporting Document Schedule Item Changes:

User Added -Name: Statement of Variability

Comment:

AR Reconsider Application Statement of Variability.pdf

AR Policy SOV.pdf

AR Variability Statement LTC Apps.pdf

SERFF Tracking Number:	*MULF-128202460*	*State:*	*Arkansas*
Filing Company:	*John Hancock Life Insurance Company (USA)*	*State Tracking Number:*	
Company Tracking Number:	*CCIII FEATURING BENEFIT BUILDER*		
TOI:	*LTC03I Individual Long Term Care*	*Sub-TOI:*	*LTC03I.001 Qualified*
Product Name:	*Long-Term Care Insurance*		
Project Name/Number:	*CCIII featuring Benefit Builder/*		

Amendment Letter

Submitted Date: 04/10/2012

Comments:

We are amending this submission in order to correct a typographical error in the Payment options in Section 5 of application form LTC-APP12 AR.

We apologize for any inconvenience this may have caused.

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
LTC-APP12 AR	Application/Enrollment Form	Application	Initial					AR 2012 Benefit Builder Application.pdf

SERFF Tracking Number:	*MULF-128202460*	*State:*	*Arkansas*
Filing Company:	*John Hancock Life Insurance Company (USA)*	*State Tracking Number:*	
Company Tracking Number:	*CCIII FEATURING BENEFIT BUILDER*		
TOI:	*LTC03I Individual Long Term Care*	*Sub-TOI:*	*LTC03I.001 Qualified*
Product Name:	*Long-Term Care Insurance*		
Project Name/Number:	*CCIII featuring Benefit Builder/*		

Amendment Letter

Submitted Date: 04/10/2012

Comments:

We are amending this submission in order to include the forms that were disapproved under SERFF Tracking Number MULF-128206502. Please note that the disposition from SERFF Tracking Number MULF-128206502 indicated that additional filing fees for these forms are not required.

In addition to the four forms that were added from the above referenced filing, we have made the following changes:

• We have updated the Flesch Certification for the additional forms.

• The items labeled as “Application” and “Outline of Coverage” have been revised to indicate that these forms are now included for review and approval under this submission.

• We have revised the cover letter of the Supporting Documentation tab to account for the forms that were added.

• We have included the applicable statements of variability for the forms that were added.

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
LTC-HOSP 7/12	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Hospice Care Endorsement	Initial					LTC-HOSP 7-12.pdf
LTC-WEP 7/12	Policy/Contract/Fraternal Certificate: Amendment,	Waiver of Home Health Care Elimination	Initial					LTC-WEP 7-12.pdf

SERFF Tracking Number:	*MULF-128202460*	*State:*	*Arkansas*
Filing Company:	*John Hancock Life Insurance Company (USA)*	*State Tracking Number:*	
Company Tracking Number:	*CCIII FEATURING BENEFIT BUILDER*		
TOI:	*LTC03I Individual Long Term Care*	*Sub-TOI:*	*LTC03I.001 Qualified*
Product Name:	*Long-Term Care Insurance*		
Project Name/Number:	*CCIII featuring Benefit Builder/*		

	Insert Page, Endorsement or Rider	Period Rider			
OCLTC11 AR 7/12	Outline of Coverage	Outline of Coverage	Initial		OCLTC11 AR.pdf
LTC-APP12 AR	Application/Enrollment Form	Application	Initial		AR 2012 Benefit Builder Application.pdf

Supporting Document Schedule Item Changes:

Satisfied -Name: Flesch Certification

Comment:

CERTIFICATION OF READABILITY revised.pdf

Bypassed -Name: Application

Bypass Reason: The application has been submitted for review and approval and is found on the Form Schedule tab

Comment: This application has been submitted for review under this filing and is found on the Form Schedule tab

Bypassed -Name: Outline of Coverage

Bypass Reason: The Outline of Coverage has been submitted for review and approval and is found on the Form Schedule tab.

Comment: Please note this outline of coverage has been submitted under file MULF-128206502 for review and approval.

OCLTC11 AR.pdf

User Added -Name: Cover Letter

Comment:

AR Benefit Builder Cover letter revised.pdf

User Added -Name: Statement of Variability

Comment:

AR Reconsider Application Statement of Variability.pdf

AR Policy SOV.pdf

AR Variability Statement LTC Apps.pdf

SERFF Tracking Number:	*MULF-128202460*	*State:*	*Arkansas*
Filing Company:	*John Hancock Life Insurance Company (USA)*	*State Tracking Number:*	
Company Tracking Number:	*CCIII FEATURING BENEFIT BUILDER*		
TOI:	*LTC03I Individual Long Term Care*	*Sub-TOI:*	*LTC03I.001 Qualified*
Product Name:	*Long-Term Care Insurance*		
Project Name/Number:	*CCIII featuring Benefit Builder/*		

Amendment Letter

Submitted Date: 04/06/2012

Comments:

We are amending this filing in order to provide the net single premiums that were inadvertently not included in the Actuarial Memorandum.

We apologize for any inconvenience this may have caused.

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Changed Items:

Supporting Document Schedule Item Changes:

Satisfied -Name: Health - Actuarial Justification

Comment:

AR LTC-11 Actuarial Memorandum Benefit Builder 4.4.12.pdf

BB Net Single Premiums.pdf

SERFF Tracking Number:	*MULF-128202460*	*State:*	*Arkansas*
Filing Company:	*John Hancock Life Insurance Company (USA)*	*State Tracking Number:*	
Company Tracking Number:	*CCIII FEATURING BENEFIT BUILDER*		
TOI:	*LTC03I Individual Long Term Care*	*Sub-TOI:*	*LTC03I.001 Qualified*
Product Name:	*Long-Term Care Insurance*		
Project Name/Number:	*CCIII featuring Benefit Builder/*		

Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved 06/27/2012	LTC-BLD/GIO	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Benefit Builder Endorsement	Initial			LTC-BLDGIO 6-13-12.pdf
Approved 04/12/2012	LTC-INC12 AR	Application/ Enrollment Form	Reconsideration Application	Initial			LTC-INC12 AR Application.pdf
Approved 04/12/2012	LTC-HOSP 7/12	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Hospice Care Endorsement	Initial			LTC-HOSP 7-12.pdf
Approved 04/12/2012	LTC-WEP 7/12	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Waiver of Home Health Care Elimination Period Rider	Initial			LTC-WEP 7-12.pdf

SERFF Tracking Number:	*MULF-128202460*	*State:*	*Arkansas*
Filing Company:	*John Hancock Life Insurance Company (USA)*	*State Tracking Number:*	
Company Tracking Number:	*CCIII FEATURING BENEFIT BUILDER*		
TOI:	*LTC03I Individual Long Term Care*	*Sub-TOI:*	*LTC03I.001 Qualified*
Product Name:	*Long-Term Care Insurance*		
Project Name/Number:	*CCIII featuring Benefit Builder/*		

Approved 04/18/2012	LTC-APP12 AR	Application/ Enrollment Form	Application	Initial			AR 2012 Benefit Builder Application.pdf
Approved 06/27/2012	OCLTC-11 AR 7/12	Outline of Coverage	Outline of Coverage	Initial			OCLTC11 AR revised.pdf

JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)

ENDORSEMENT

BENEFIT BUILDER

This Endorsement is part of, and attached to Your Policy. It is subject to all the provisions of the Policy unless otherwise provided below.

Benefit Builder allows You to increase Your Policy benefits over time by way of Automatic Crediting and the Buy-Up Option.

- Automatic Crediting allows Your Policy benefits to grow gradually over time with no corresponding increase in premium, by using Excess Earnings Credits, if any, to automatically increase Your benefits. *However, please see the provision captioned Important Notice Regarding Automatic Crediting which describes situations when benefits may not increase under Automatic Crediting.*

- The Buy-Up Option provides You with the opportunity to elect to increase Your Policy benefits for an additional premium every three years.

The operation and requirements of Automatic Crediting and the Buy-Up Option are described below.

Definitions

The following terms have special meaning for use in this Endorsement:

- Allocated Reserve Value refers to the portion of assets attributed to Your Policy in the Portfolio. Allocated Reserve Values are related to the amount of premiums that have been paid into the Policy plus investment earnings less expenses and past expected claims. The Allocated Reserve Value will be re-determined on each Policy Anniversary to account for the impact from benefit changes and/or benefit additions. In the event of a future inforce rate increase on this Policy, the Allocated Reserve Value will not change.

- The Annual Benefit Increase Amount is equal to the Excess Earnings Credit divided by a single premium rate then in effect and on file with the applicable regulator. In the event of a future inforce rate increase on this Policy the single premium rate applied to new Excess Earnings Credits will be revised to reflect updated assumptions, subject to approval by the applicable regulator.

- The Excess Earnings Credit is determined on each Policy Anniversary and is based upon the following formula:

((Portfolio Rate of Return in effect as of the current Policy Anniversary – 3%)
times the Allocated Reserve Value as of the current Policy Anniversary)
minus any adjustment for negative Excess Earnings Credits occurring in prior years.

- Portfolio means the subset of Our general account that contains the assets which support the benefits for policies that include this Endorsement. The Portfolio may also support other policies with similar features and benefits as this Endorsement. The assets in the Portfolio may change over the life of a Policy. We have sole discretion over the assets of Our general account and policyholders do not have any preferential claim on those assets. We reserve the right to close the Portfolio to future applicants and establish a new Portfolio for such business.

- Portfolio Rate of Return means the annual rate of return (net of investment expenses) that we calculate for assets in the Portfolio. Returns are not guaranteed and will vary year-to-year. Our calculation of the Portfolio Rate of Return will be made according to the process that We have filed with the applicable insurance regulator.

Automatic Crediting

We will calculate the Excess Earnings Credit on each Policy Anniversary. If the Excess Earnings Credit is greater than zero, We will increase the current Long-Term Care Benefit Amount by the Annual Benefit Increase Amount. When the Long-Term Care Benefit Amount is increased, the remaining Policy Limit (as well as other remaining Benefit Amounts listed in the Policy Schedule) will be increased by the same percentage as the increase in the Long-Term Care Benefit Amount.

In the event the Excess Earnings Credit is less than or equal to zero, We will not reduce the Long-Term Care Benefit Amount by such decrease on the Policy Anniversary. However, We will offset any such decreases when calculating future Excess Earnings Credits. This means that there may be no benefit increases (or a reduced benefit increase) even in years where the Portfolio Rate of Return is greater than 3% until such time that the amount offset for all prior years has been recouped.

Important Notice Regarding Automatic Crediting:

- Allocated Reserve Values will grow over time as each year's premium is collected. Therefore, there will be little or no benefit increases in the early years of Your Policy. In no event will Excess Earnings Credits be applied before the third policy anniversary, and in some cases the fourth policy anniversary.
- Portfolio Rates of Return are not guaranteed and will vary from year-to-year.
- In any year, or years, when the Portfolio Rate of Return is 3% or less, your benefits will remain the same. Any future Excess Earnings Credits will be offset to make up for any prior Excess Earnings Credits that are less than zero.

We will provide You with an annual report each year indicating Portfolio performance for past and current years including how Your benefit is affected.

No Annual Benefit Increase Amount adjustment will be made while this Policy is in effect under the provisions of any nonforfeiture benefit.

This is non–participating policy and is not eligible for dividends.

The premium for Annual Benefit Increase Amounts is included in Your Policy premium. Your premium will not change due to any Annual Benefit Increase Amount, except as described in the Policy.

Buy-Up Option

Important Notice – The Buy-Up Option is *not* applicable to You if You are paying Your premium via the Twenty-Year Premium Payment Option or the Paid up at Age 75 Payment Option or if You purchased the Survivorship and Waiver of Premium Benefit.

Option Dates

Subject to the limitations described below, and starting as of the third anniversary of the Effective Date of Coverage and every third anniversary thereafter through age 75 (the "Option Dates"), We will offer You the option to increase Your Long-Term Care Benefit Amount by purchasing an additional amount of coverage equal to 10% of the current Long-Term Care Benefit Amount that was in effect immediately prior to that Option Date and rounded to the nearest dollar. As such, any Annual Benefit Increase Amount earned for that Policy Anniversary will not be included in the calculation of the Buy-Up Option. No additional underwriting will be required.

We must receive Your written election within 31-days after the applicable Option Date or Your right to elect that increase will expire.

When the Long-Term Care Benefit Amount is increased under the Buy-Up Option, the remaining Policy Limit (as well as any remaining Benefit Amounts listed in the Policy Schedule) will be increased by the same percentage as the increase in the Long-Term Care Benefit Amount and rounded to the nearest dollar.

At the time of each offer, We will provide You with information regarding:

- Your current Long-Term Care Benefit Amount;
- the amount of increase available to You under this Buy-Up Option;
- the additional premium amount for the increase under this Buy-Up Option; and
- instructions on how You may elect this increase. We must receive Your written election within 31-days after the applicable Option Date or Your right to elect that increase will expire.

IMPORTANT NOTICE

If your age on the Effective Date of Coverage is younger than 65:

You will have the opportunity to accept Buy-Up Options through age 75. If you decline a Buy-Up Option, that increase will not be available on any future date. You will, however, still have an opportunity to accept future Buy-Up Options through age 75 as long as you have only declined one Buy-Up Option. If you decline two Buy-Up Options, no future offers will be made.

If your age on the Effective Date of Coverage is 65 or older:

You will have the opportunity to accept Buy-Up Options through age 75 only if You accepted each prior offer. If You decline any Buy-Up Option, no future offers will be available to You.

However, You may request to resume such offers by making the request to Us in writing and provide evidence of insurability satisfactory to Us. Any resumed offers will be subject to all of the conditions of this Endorsement.

The premium for any increase under the Buy-Up Option (including any corresponding premium for any optional benefit riders/endorsements that You have elected and are part of Your Policy) will be based on Your age on the Option Date and the premium rates then in effect.

The increase on any Option Date will not be available to You (and, if requested, will not take effect) if:

- You were a Chronically Ill Individual at any time during the two year period prior to the Option Date; or
- You have ever received benefits under this Policy; or
- the Option Date occurs on or after Your 76th birthday.

No Buy-Up Option offer or adjustment will be made while this Policy is in effect under any nonforfeiture benefit.

How Benefit Decreases Impact the Benefit Builder

If You request a benefit decrease, We will apply such decrease to the most recent Buy-Up Options first and if necessary to the initial Long-Term Care Benefit Amount. We will also proportionately reduce the corresponding Annual Benefit Increase Amounts associated with the coverage being reduced.

No decrease may result in a Long-Term Care Benefit Amount that is less than the minimum amount that is available for this Policy series.

Termination

Nothing in this Endorsement amends the termination provision of the Policy or creates a new Policy Limit after the then applicable Policy Limit is exhausted. This Endorsement will terminate when the Policy terminates, or when the Policy is continued under the provisions of any nonforfeiture benefit.

Signed for the Company at Boston, Massachusetts:

Secretary

APPLICATION FOR RECONSIDERATION FOR INDIVIDUAL LONG-TERM CARE INSURANCE

John Hancock Life Insurance Company (U.S.A.)

[1 John Hancock Way, Suite 1700, Boston, MA 02217-1700]

Please initial any corrections made to the application.

PART 1 ABOUT YOU

1a. Name

Last Name _____

First Name _____ M.I. _____

1b. Street Address

Number Street, Apt. # _____

City, State, Zip _____

1c. Contact Information

Telephone # _____

Best Time To Call _____ AM _____ PM

Email Address _____

1d. Date of Birth

DOB (mm/dd/yyyy) _____

1e. Social Security #

_____

Policy Change Request:

1f. Policy # _____

1g. Benefit Reconsideration*: Elimination Period From: _____ To: _____

Benefit Period From: _____ To: _____

1h. Benefit Increase**: Daily Benefit Amount ($10.00 increments only): From: _____ To: _____

Monthly Benefit Amount ($100.00 increments only): From: _____ To: _____

[1i. Risk Class Reconsideration***: Yes ☐ No ☐]

All requests must meet the approval of Our underwriting department and may require proof of insurability. If your request is approved, changes will be effective on the policy anniversary date at the rates then in effect. Please do not submit monies with this application.

*Benefit Reconsideration: Available only on benefits modified by underwriting at time of policy issuance.

**Benefit Increase: Not available on all policies. Please refer to your policy.

[***Risk Reconsideration: Available on substandard Class I or Class II polices only.]

PART 2 INSURABILITY QUESTIONS (Underwriting Questions)

SECTION A – Should You Proceed with This Application?

Please answer the following question since your policy issuance: *(Please check Yes or No beside each question.)*		YES	NO
2a.	Do you currently have, or have you ever received medical advice, been diagnosed, examined or treated by a member of the medical profession for any of the following conditions: (check all that apply) ❑Alzheimer's Disease ❑Amyotrophic Lateral Sclerosis ❑Cognitive Impairment ❑Cystic Fibrosis ❑Dementia ❑Diabetes treated with insulin or with amputation or ongoing complications that affect the kidney ❑Huntington's Disease ❑Memory Loss ❑Mental Retardation ❑Multiple Myeloma ❑Possible Multiple Sclerosis ❑Multiple Sclerosis ❑Muscular Dystrophy ❑Neurological conditions affecting the brain or spinal cord ❑Parkinson's Disease ❑Polyneuropathy ❑Schizophrenia ❑Scleroderma ❑Spinal Cord Injury ❑Stroke/CVA ❑Transient Ischemic Attacks (TIAs) (2 or more)	☐	☐
2b.	Do you require mechanical or human assistance or supervision of any kind in any of the following activities: eating, dressing, toileting, transferring from bed to chair, walking, maintaining continence, and bathing?	☐	☐
2c.	Do you currently reside in, have you been advised to enter, or are you planning to enter a nursing home, assisted living facility, rehabilitation facility or other custodial facility, or are you currently receiving home health care services or attending adult day care?	☐	☐
2d.	Do you currently use any of the following medical devices: wheelchair, walker, hospital bed, quad cane, crutches, oxygen, stairlift, or dialysis?	☐	☐
2e.	Have you been diagnosed or treated by a member of the medical profession for HIV (Human Immunodeficiency Virus), AIDS (Acquired Immune Deficiency Syndrome) or AIDS Related Complex?	☐	☐

PLEASE NOTE BEFORE YOU CONTINUE WITH THIS APPLCIATION:

If you answered Yes to any of the questions in PART 2, SECTION A, we suggest you do not submit an application

If you answered NO to every question, please continue.

SECTION B – Medical History

		YES	NO
2f.	In the last 18 months, have you been treated, examined or advised by a member of the medical profession? (If yes, complete the information below).	☐	☐

Date Last Seen _____

Physician Name _____

Street Address _____

City, State, Zip _____

Telephone # _____

2g. Please provide your Primary Care Physician Information.

Date Last Seen _____

Physician Name _____

Street Address _____

City, State, Zip _____

Telephone # _____

PART 2 INSURABILITY QUESTIONS (Underwriting Questions.)

SECTION B – Medical History (continued)

Please answer each question and provide details in the Medical History Details.

		YES	NO
2h.	Have you used tobacco products (cigarettes, pipe, cigar, or chewing tobacco) in the last 12 months?	☐	☐
2i.	Within the last 5 years have you received medical advice, diagnosis or treatment, or been examined by a member of the medical profession, for any of the following conditions? *Please indicate each that applies and provide details in the Medical History Details.*	☐	☐
	1. Circulatory Disorders: ❑ Amaurosis Fugax ❑Aneurysm ❑Blood Clots ❑Cardiomyopathy ❑Carotid Artery Disease ❑Congestive Heart Failure ❑Coronary Artery Disease ❑Embolisms ❑Heart Arrhythmias ❑High Blood Pressure ❑Peripheral Vascular Disease ❑Stroke/CVA ❑Transient Ischemic Attack ❑Valvular Disease	☐	☐
	2. Endocrine and Pituitary Disorders: ❑ Diabetes ❑Addison's Disease ❑Pancreatitis ❑Cushing's Disease	☐	☐
	3. Cancers: ❑ Leukemia ❑ Lymphoma ❑Tumors ❑Melanoma ❑Squamous Cell ❑Sarcomas ❑Multiple Myeloma	☐	☐
	4. Genitourinary Disorders: ❑Renal Insufficiency ❑Kidney Failure ❑Incontinence ❑Prostate Disorders ❑Bladder Disorders	☐	☐
	5. Gastrointestinal Disorders: ❑Hepatitis ❑Ulcerative Colitis ❑Crohn's Disease ❑Liver Disorders ❑Cirrhosis	☐	☐
	6. Neurological Disorders: ❑Alzheimer's Disease ❑Amyotrophic Lateral Sclerosis ❑Anxiety ❑Cerebral Atrophy ❑Cerebral Palsy ❑Chronic Fatigue Syndrome ❑Cognitive Impairment ❑Dementia ❑Depression ❑Huntington's Disease ❑Memory Loss ❑Mental Illness ❑Mental Retardation ❑Multiple Sclerosis ❑Muscular Dystrophy ❑Myasthenia Gravis ❑Neurological conditions affecting the brain or spinal cord ❑Neuropathy ❑Parkinson's Disease ❑Polyneuropathy ❑ Possible Multiple Sclerosis ❑Schizophrenia ❑Seizures ❑Spinal Cord Injury ❑Syncope ❑Tremors	☐	☐
	7. Blood Disorders: ❑Anemia, ❑Leukopenia ❑Polycythemia Vera ❑Thrombocytopenia ❑Hemochromatosis	☐	☐
	8. Musculoskeletal Disorders: ❑Osteoporosis ❑Arthritis ❑Rheumatoid Arthritis ❑Osteoarthritis ❑Fractures ❑Fibromyalgia ❑Degenerative Joint Disease ❑Scoliosis ❑Spinal Stenosis ❑ Lupus ❑Polymyalgia Rheumatica ❑Osteopenia ❑Paralysis ❑Crest ❑Scleroderma	☐	☐
	9. Respiratory Disorders: ❑ Emphysema, ❑Bronchitis ❑Asthma ❑Bronchiectasis ❑Asbestosis ❑Sarcoidosis ❑Chronic Obstructive Pulmonary Disease ❑Cystic Fibrosis ❑Pulmonary Fibrosis	☐	☐
	10. Eye & Ear Disorders: ❑Macular Degeneration ❑Glaucoma ❑Retinitis Pigmentosa ❑Labyrinthitis ❑Meniere's/Vertigo	☐	☐
	11. Substance Abuse: ❑Alcohol Use ❑Alcoholism ❑Drug dependency ❑Illicit drug use	☐	☐
2j.	Within the last 5 years, have you been hospitalized or have you been treated by a member of the medical profession for any reason not previously stated?	☐	☐
2k.	Within the last 5 years, have any surgery or test(s) been recommended and not performed or any medication been prescribed and not taken?	☐	☐
2l.	Since your policy issuance, Have you ever had an application for life, accident, medical or health, disability or long-term care insurance declined, postponed, modified or rated? If YES list medical reason:	☐	☐

SECTION B – Medical History (continued)

		YES	NO
2m.	Since your policy issuance, have you applied for or are you receiving any disability benefits? Type_____ Percentage _____ Medical Reason_____	☐	☐
2n.	Have any of your family members (mother, father or siblings) been diagnosed or treated by a member of the medical profession for any of the following conditions? (Please indicate all that apply) ❑Alzheimer's Disease ❑Amyotrophic Lateral Sclerosis (Lou Gehrig's) ❑Dementia ❑Diabetes ❑Heart Disease ❑Huntington's Disease ❑Parkinson's Disease ❑Stroke	☐	☐

MEDICAL HISTORY DETAILS

If you answered YES to any of questions 2i-2m, provide full details below. Attach a separate sheet if you need additional space.

Diagnosis/ Disorder/ Reason	Diagnosis Date	Treatment Date(s)	Name, Address, Tel# of Physician, Provider, and/or Insurer (if applicable) and Comments

If you answered YES to 2n provide full details below. Attach a separate sheet if you need additional space.

Diagnosis	Relationship (eg. Mother)	Age of Onset

2p. Medications

List all prescription medications taken or that have been prescribed to you at any time over the past 18 months.

Name of Medication	Dosage	Frequency	Reason Prescribed	Physician Name

FRAUD NOTICE: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement.

PART 3 GENERAL AGREEMENT

I understand and agree as follows:

1. My statements and answers on this application are true, complete and correctly recorded. They are representations and not warranties, and will be part of and form the basis of my policy.

2. In order for the underwriting of this application to proceed, this application and all underwriting requirements must be complete.

3. No agent or medical examiner has the authority from John Hancock to accept any risk, determine insurability, or waive or change any requirements or questions on this application.

4. John Hancock may require an attending physician statement, medical records, an underwriting assessment, a medical examination, or other questionnaire or test.

CAUTION: IF YOUR ANSWERS ON THIS APPLICATION ARE INCORRECT OR UNTRUE, JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A) MAY HAVE THE RIGHT TO DENY THE INCREASED BENEFITS OR RESCIND THE INCREASED COVERAGE.

I have reviewed this benefit and risk classification reconsideration application including all elections and answers contained within. By my signature, I affirm all the elections and answers in this application are true and correct to the best of my knowledge.

Signature	Signed at (City & State)	Date
X _____	_____	_____

JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)

WAIVER OF THE ELIMINATION PERIOD FOR HOSPICE CARE BENEFIT

ENDORSEMENT

This Endorsement will waive the requirement to satisfy the Elimination Period if You are receiving Hospice Care not reimbursable by Medicare.

This Endorsement is made part of and should be attached to Your Policy. It is subject to all the provisions, conditions and limitations of the Policy unless otherwise provided below.

The following provision is added to the "How Your Long-Term Care Benefits are Paid" section of Your Policy:

Waiver of the Elimination Period for Hospice Care Benefit

We will waive the requirement that You satisfy the Elimination Period before receiving Hospice Care benefits if:

- You are receiving Hospice Care services which are not reimbursable by Medicare;
- You are eligible for the payment of benefits under the Policy;
- a Physician verifies in writing that You are Terminally Ill; and
- You are receiving Hospice Care while this Policy is in effect.

This means You do not need to satisfy Your Elimination Period before receiving benefits for Hospice Care services. Days that You receive Hospice Care only and that is paid for by Us, will not count towards the satisfaction of Your Elimination Period. Benefits paid for Hospice Care during the Elimination Period, will reduce Your Policy Limit. In addition, You must satisfy Your Elimination Period before Your premiums are waived under the Waiver of Premium provision.

As a reminder, You must still satisfy Your Elimination Period before benefits are payable under the Long-Term Care Benefit for confinement in a Nursing Home or an Assisted Living Facility or Home Health Care.

Termination

This Endorsement will terminate when the Policy terminates.

Signed for the Company at Boston, Massachusetts:

Secretary

JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)

WAIVER OF THE HOME HEALTH CARE ELIMINATION PERIOD BENEFIT

OPTIONAL BENEFIT RIDER

This Rider will waive the requirement to satisfy the Elimination Period if You are receiving Home Health Care or Adult Day Care.

This Rider is a part of, and should be attached to Your Policy. It is subject to all the provisions of the Policy unless otherwise provided below.

Waiver of the Elimination Period

We will waive the requirement that You satisfy the Elimination Period before receiving benefits if You are:

- eligible for the payment of benefits under the Policy; and
- receiving any of the following care --
  - Home Health Care in Your Home; or
  - Adult Day Care in an Adult Day Care Center.

You still must satisfy Your Elimination Period before benefits are payable under the Long-Term Care Benefit for confinement in a Nursing Home or an Assisted Living Facility. In addition, You must satisfy Your Elimination Period before Your premiums are waived under the Waiver of Premium provision. However, days that You receive Home Health Care or Adult Day Care may be used to satisfy Your Elimination Period.

The Waiver of the Elimination Period Benefit is only applicable if You are receiving care or services within the fifty (50) United States and the District of Columbia and does not apply to the International Coverage Benefit.

Termination

This Rider will terminate when the Policy terminates, or when the Policy is continued under the provisions of any nonforfeiture benefit.

Signed for the Company at Boston, Massachusetts:

Secretary

[Control # A_____

Control # B_____]

APPLICATION FOR INDIVIDUAL LONG-TERM CARE INSURANCE

John Hancock Life Insurance Company (U.S.A.)
[1 John Hancock Place, Boston, MA 02217]

If you are applying as an individual please complete Applicant A information.

PART 1 ABOUT YOU

APPLICANT A	APPLICANT B
1a. Name	1a. Name
Last Name _____	Last Name _____
First Name _____ M.I. _____	First Name _____ M.I. _____
1b. Street Address	1b. Street Address ☐ Same as Applicant A
Number Street, Apt. # _____	Number Street, Apt. # _____
_____	_____
City, State, Zip _____	City, State, Zip _____
1c. Contact Information	1c. Contact Information ☐ Same as Applicant A
Telephone # _____	Telephone # _____
Best Time To Call _____ AM _____ PM	Best Time To Call _____ AM _____ PM
Email Address _____	Email Address _____
1d. Alternate Payor Name (if different than applicant)	1d. Alternate Payor Name (if different than applicant) ☐ Same as Applicant A
Name _____	Name _____
Number Street, Apt. # _____	Number Street, Apt. # _____
_____	_____
City, State, Zip _____	City, State, Zip _____
1e. Place and Date of Birth	1e. Place and Date of Birth
Place _____	Place _____
DOB (mm/dd/yyyy) _____	DOB (mm/dd/yyyy) _____
1f. Sex	1f. Sex
☐ Male ☐ Female	☐ Male ☐ Female
1g. Height _____' _____" Weight _____lbs	1g. Height _____' _____" Weight _____lbs
1h. Social Security Number	1h. Social Security Number
_____-____-_____	_____-____-_____

The applicant(s) must initial any corrections made to this application.

PART 2 OTHER NEEDED INFORMATION

2a. Beneficiary Designation

Please elect a beneficiary for the return of any unearned premium [and Return of Premium upon Death Benefit under age 65.] If you leave this question blank, we will designate your estate as your beneficiary. You may change your beneficiary at any time by notifying us in writing.

Name & Address (for Applicant A)_____

Name & Address (for Applicant B)_____

Please check YES or NO beside each question below.	Applicant A YES	Applicant A NO	Applicant B YES	Applicant B NO
2b. Marital/Partner Are you married?	☐	☐	☐	☐
2c. Are you in a committed relationship with a Partner or live with an immediate family member of the same generation, with whom you have been living with for at least 3 years? *Partner – means an unmarried individual, not related to you by blood or marriage that has lived with you in a committed relationship for at least 3-years.	☐	☐	☐	☐
2d. Is your Spouse, Partner or immediate family member of the same generation also applying, or does he/she currently have an existing John Hancock individual LTC insurance policy? If Yes, provide Policy #, Name, or SSN _____	☐	☐	☐	☐]
[2e. Family Discount (Cannot be combined with Valued Client or Sponsored Group Discount) Are you applying for Family Discount? If Yes, please list two other family members applying for, or who currently have, a John Hancock individual LTC insurance policy and their relationship to you. Name _____ Relationship _____ Policy# (if available) _____ _____ _____ _____	☐	☐	☐	☐
2f. Valued Client (Cannot be combined with Family Discount or Sponsored Group Discount) Do you or a member of your family currently own a Life Insurance Policy or Annuity Contract, with John Hancock or Manulife? Policy/Contract/Account # _____ Policy/Contract/Account # _____	☐	☐	☐	☐
2g. Sponsored Group (Cannot be combined with Family Discount or Valued Client) Do you belong to a Sponsored Group? If Yes, please provide: Sponsored Group # _____ Sponsored Group Name _____ (also provide proof of employment/membership with Sponsored Group)	☐	☐	☐	☐]

PART 3 INSURABILITY QUESTIONS (Underwriting Questions)

SECTION A – Should You Proceed with This Application?

Please check YES or NO beside each question below.		Applicant A YES	Applicant A NO	Applicant B YES	Applicant B NO
3a.	Do you currently have, or have you ever received medical advice, been diagnosed, examined or treated by a member of the medical profession for any of the following conditions: (check all that apply) ❑Alzheimer's Disease ❑Amyotrophic Lateral Sclerosis ❑Cognitive Impairment ❑Cystic Fibrosis ❑Dementia ❑Diabetes treated with insulin or with amputation or ongoing complications that affect the kidney ❑Huntington's Disease ❑Memory Loss ❑Mental Retardation ❑Multiple Myeloma ❑Multiple Sclerosis ❑Possible Multiple Sclerosis ❑Muscular Dystrophy ❑Neurological conditions affecting the brain or spinal cord ❑Parkinson's Disease ❑Polyneuropathy ❑Schizophrenia ❑Scleroderma ❑Spinal Cord Injury ❑Stroke/CVA ❑Transient Ischemic Attacks (TIAs) (2 or more)	☐	☐	☐	☐
3b.	Do you require mechanical or human assistance or supervision of any kind in any of the following activities: eating, dressing, toileting, transferring from bed to chair, walking, maintaining continence, and bathing?	☐	☐	☐	☐
3c.	Do you currently reside in, have you been advised to enter, or are you planning to enter a nursing home, assisted living facility, rehabilitation facility or other custodial facility, or are you currently receiving home health care services or attending adult day care?	☐	☐	☐	☐
3d.	Do you currently use any of the following medical devices: wheelchair, walker, hospital bed, quad cane, crutches, oxygen, stairlift, or dialysis?	☐	☐	☐	☐
3e.	Have you been diagnosed or treated by a member of the medical profession for HIV (Human Immunodeficiency Virus), AIDS (Acquired Immune Deficiency Syndrome) or AIDS Related Complex?	☐	☐	☐	☐

PLEASE NOTE BEFORE YOU CONTINUE WITH THIS APPLICATION:

If you answered YES to any of the questions in PART 3, SECTION A, we suggest you do not submit an application.
If you answered NO to every question, please continue.

SECTION B – Medical History

		Applicant A YES	Applicant A NO	Applicant B YES	Applicant B NO
3f.	In the last 18 months, have you been treated, examined or advised by a member of the medical profession? (If yes, complete the information below).	☐	☐	☐	☐

Applicant A	Applicant B
Date Last Seen _____	Date Last Seen _____
Physician Name _____	Physician Name _____
Street Address _____	Street Address _____
City, State, Zip _____	City, State, Zip _____
Telephone # _____	Telephone # _____

PART 3 INSURABILITY QUESTIONS (Underwriting Questions)

SECTION B - Medical History (Please answer each question and provide details in the Medical History Details.

		Applicant A		Applicant B	
		YES	NO	YES	NO
3g.	Do you have a Primary Care Physician? (If yes, complete the information below).	☐	☐	☐	☐

Applicant A

Date Last Seen _____

Physician Name _____

Street Address _____

City, State, Zip _____

Telephone # _____

Applicant B

Date Last Seen _____

Physician Name _____

Street Address _____

City, State, Zip _____

Telephone # _____

3h.	Have you used tobacco products (cigarettes, pipe, cigar, or chewing tobacco) in the last 12 months?	☐	☐	☐	☐
3i.	Within the last 5 years, have you received medical advice, been diagnosed, examined or treated by a member of the medical profession for any of the following conditions? *Please check each that applies and provide details in the Medical History Details.*				
1.	Circulatory Disorders: ❑ Amaurosis Fugax ❑Aneurysm ❑Blood Clots ❑Cardiomyopathy ❑Carotid Artery Disease ❑Congestive Heart Failure ❑Coronary Artery Disease ❑Embolisms ❑Heart Arrhythmias ❑High Blood Pressure ❑Peripheral Vascular Disease ❑Stroke/CVA ❑Transient Ischemic Attack ❑Valvular Disease	☐	☐	☐	☐
2.	Endocrine and Pituitary Disorders: ❑ Diabetes ❑Addison's Disease ❑Pancreatitis ❑Cushing's Disease	☐	☐	☐	☐
3.	Cancers: ❑ Leukemia ❑ Lymphoma ❑Tumors ❑Melanoma ❑Squamous Cell ❑Sarcomas ❑Multiple Myeloma	☐	☐	☐	☐
4.	Genitourinary Disorders: ❑Renal Insufficiency ❑Kidney Failure ❑Incontinence ❑Prostate Disorders ❑Bladder Disorders	☐	☐	☐	☐
5.	Gastrointestinal Disorders: ❑Hepatitis ❑Ulcerative Colitis ❑Crohn's Disease ❑Liver Disorders ❑Cirrhosis	☐	☐	☐	☐
6.	Neurological Disorders: ❑Alzheimer's Disease ❑Amyotrophic Lateral Sclerosis ❑Anxiety ❑Cerebral Atrophy ❑Cerebral Palsy ❑Chronic Fatigue Syndrome ❑Cognitive Impairment ❑Dementia ❑Depression ❑Huntington's Disease ❑Memory Loss ❑Mental Illness ❑Mental Retardation ❑ Possible Multiple Sclerosis ❑Multiple Sclerosis ❑Muscular Dystrophy ❑Myasthenia Gravis ❑Neurological conditions affecting the brain or spinal cord ❑Neuropathy ❑Parkinson's Disease ❑Polyneuropathy ❑Schizophrenia ❑Seizures ❑Spinal Cord Injury ❑Syncope ❑Tremors	☐	☐	☐	☐
7.	Blood Disorders: ❑Anemia, ❑Leukopenia ❑Polycythemia Vera ❑Thrombocytopenia ❑Hemochromatosis	☐	☐	☐	☐
8.	Musculoskeletal Disorders: ❑Osteoporosis ❑Arthritis ❑Rheumatoid Arthritis ❑Osteoarthritis ❑Fractures ❑Fibromyalgia ❑Degenerative Joint Disease ❑Scoliosis ❑Spinal Stenosis ❑ Lupus ❑Polymyalgia Rheumatica ❑Osteopenia ❑Paralysis ❑Crest ❑Scleroderma	☐	☐	☐	☐
9.	Respiratory Disorders: ❑ Emphysema, ❑Bronchitis ❑Asthma ❑Bronchiectasis ❑Asbestosis ❑Sarcoidosis ❑Chronic Obstructive Pulmonary Disease ❑Cystic Fibrosis ❑Pulmonary Fibrosis	☐	☐	☐	☐

PART 3 INSURABILITY QUESTIONS (Underwriting Questions)

SECTION B – Medical History (continued)

		Applicant A YES	Applicant A NO	Applicant B YES	Applicant B NO
3i. (cont.)	Within the last 5 years, have you received medical advice, been diagnosed, examined or treated by a member of the medical profession for any of the following conditions? *Please check each that applies and provide details in the Medical History Details.*				
	10. Eye & Ear Disorders: ❑Macular Degeneration ❑Glaucoma ❑Retinitis Pigmentosa ❑Labrynthitis ❑Meniere's/Vertigo	☐	☐	☐	☐
	11. Substance Abuse: ❑Alcohol Use ❑Alcoholism ❑Drug dependency ❑Illicit drug use	☐	☐	☐	☐
3j.	Within the last 5 years have you been hospitalized or been treated by a member of the medical profession for any reason not previously stated?	☐	☐	☐	☐
3k.	Within the last 5 years, has any surgery or test(s) been recommended and not performed or any medication been prescribed and not taken?	☐	☐	☐	☐
3l.	Have you ever had an application for life, accident, medical or health, disability or long-term care insurance declined, postponed, modified or rated? If YES list medical reason: Applicant A:_____ Applicant B:_____	☐	☐	☐	☐
3m.	Have you applied for or are you receiving any disability benefits? Applicant A: Type_____ Percentage _____ Medical Reason_____ Applicant B: Type_____ Percentage _____ Medical Reason_____	☐	☐	☐	☐
3n.	Have any of your family members (mother, father or siblings) been diagnosed or treated by a member of the medical profession for any of the following conditions? (Please indicate all that apply) ❑Alzheimer's Disease ❑Amyotrophic Lateral Sclerosis (Lou Gehrig's) ❑Dementia ❑Diabetes ❑Heart Disease ❑Huntington's Disease ❑Parkinson's Disease ❑Stroke	☐	☐	☐	☐
[LIFESTYLE (PLEASE COMPLETE THIS SECTION IF YOU ARE 64 OR YOUNGER.)					
3o.	Are you currently employed? If yes, what is your occupation? _____	☐	☐	☐	☐
3p.	In the past 10 years have you done or in the future, do you intend within the next 2 years to do any of the following activities? Skin/scuba Diving, Parachuting, Motorized racing, Rock/mountain climbing, Boxing? Frequency? Applicant A: Activity Type _____ Frequency Per Year _____ Applicant B: Activity Type _____ Frequency Per Year _____	☐	☐	☐	☐
3q.	In the past 5 years, have you been convicted of two or more felony motor vehicle moving violations or had a driver's license suspended or revoked? If yes, license # and state. Applicant A _____ Applicant B _____	☐	☐	☐	☐]

PART 3 INSURABILITY QUESTIONS (Underwriting Questions)

SECTION B – Medical History (continued)

MEDICAL HISTORY DETAILS

If you answered YES to any of questions 3i-3m*, provide full details below. Attach a separate sheet if you need additional space.*

Applicant A

Diagnosis/ Disorder/ Reason	Diagnosis Date	Treatment Date(s)	Name, Address, Tel# of Physician, Provider, and/or Insurer (if applicable) and Comments

Applicant B

Diagnosis/ Disorder/ Reason	Diagnosis Date	Treatment Date(s)	Name, Address, Tel# of Physician, Provider, and/or Insurer (if applicable) and Comments

PART 3 INSURABILITY QUESTIONS (Underwriting Questions)

SECTION B – Medical History (continued)

MEDICAL HISTORY DETAILS

If you answered YES to 3n *provide full details below. Attach a separate sheet if you need additional space.*

Applicant A

Diagnosis	Relationship (eg. Mother)	Age of Onset

Applicant B

Diagnosis	Relationship (eg. Mother)	Age of Onset

3r. MEDICATIONS

List all prescription medications taken or that have been prescribed to you at any time over the past 18 months.

Applicant A

Name of Medication	Dosage	Frequency	Reason Prescribed	Physician Name

Applicant B

Name of Medication	Dosage	Frequency	Reason Prescribed	Physician Name

FRAUD NOTICE: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement.

PART 4 COVERAGE SELECTION - [Product Name]

		Applicant A	Applicant B
4a.	Benefit Amount (select either Daily or Monthly)		
	[☐ Daily Benefit ($50-$500 in $10 increments) ☐ Monthly Benefit Amount ($1,500 -$15,000 in $100 increments)	$	$]
4b.	Benefit Period (select one)	[☐ 2 Years ☐ 3 Years ☐ 4 Years ☐ 5 Years ☐ 6 Years ☐ 10 Years	☐ 2 Years ☐ 3 Years ☐ 4 Years ☐ 5 Years ☐ 6 Years ☐ 10 Years]
4c.	Elimination Period (Dates of Service)	[☐ 30 Days ☐ 60 Days ☐ 90 Days ☐ 180 Days ☐ 365 Days	☐ 30 Days ☐ 60 Days ☐ 90 Days ☐ 180 Days ☐ 365 Days]
4d.	Inflation Protection Options *[* This is the default if you do not select an inflation protection option].*	[☐ Benefit Builder* ☐ CPI Compound Inflation ☐ CPI Compound to Age 75 ☐ 5% Compound Inflation [☐ 3% Compound Inflation ☐ Guaranteed Purchase Option	☐ Benefit Builder* ☐ CPI Compound Inflation ☐ CPI Compound to Age 75] ☐ 5% Compound Inflation ☐ 3% Compound Inflation ☐ Guaranteed Purchase Option]
	Rejection of Inflation I have reviewed the outline of coverage and the graphs that compare benefits and premiums of this policy with and without inflation protection. Specifically, I have reviewed the 5% Compound Inflation and I reject this inflation option.	*You must check the box below if you did not select 5% Compound Inflation.* ☐ I reject 5% Compound Inflation	*You must check the box below if you did not select 5% Compound Inflation* ☐ I reject 5% Compound Inflation
4e.	Optional Benefits	[☐ Shared Care ☐ Survivorship and Waiver of Premium ☐ Waiver of HHC Elimination Period ☐ Additional Cash Benefit ☐ Nonforfeiture	☐ Shared Care ☐ Survivorship and Waiver of Premium ☐ Waiver of HHC Elimination Period ☐ Additional Cash Benefit] ☐ Nonforfeiture
	Rejection of Nonforfeiture I have reviewed the outline of coverage and the Nonforfeiture benefit described therein. Specifically, I have reviewed this optional benefit available to me and I reject the Nonforfeiture benefit.	*You must check the box below if you did not select Nonforfeiture.* ☐ I reject Nonforfeiture	*You must check the box below if you did not select Nonforfeiture.* ☐ I reject Nonforfeiture

PART 5 PREMIUM PAYMENT AND ADMINISTRATION

		Applicant A	Applicant B
5a.	Premium Payment Option	[☐ Standard Pay (Paid-up at Age 95) [☐ 20-Year Limited Payment Option ☐ Paid-up at Age 75 Limited Payment Option	☐ Standard Pay (Paid-up at Age 95) ☐ 20-Year Limited Payment Option ☐ Paid-up at Age 75 Limited Payment Option]

[5b. Payment Method

Please select one of the following for each applicant.

1. Select a mode of payment	☐ Annual ☐ Semi-Annual ☐ Quarterly ☐ Monthly	☐ Annually ☐ Semi-Annual ☐ Quarterly ☐ Monthly
2. Payment Type *Please include a voided check and complete form LTC-7269R for Bank Draft.*	☐ Direct Bill ☐ Bank Draft (Electronic Fund Transfer)	☐ Direct Bill ☐ Bank Draft (Electronic Fund Transfer)

3. Credit/Debit Card

Payment Frequency: ☐ Quarterly ☐ Monthly ☐ Annual ☐ Semi-Annual

Card Type: ☐ Mastercard ☐ Visa

Card Number: _____ Expiration Date: ----------

Cardholder's Name: ----------

An Advance Payment is required.

☐ I have enclosed my advance payment in the amount of $_____ (minimum of one month's modal premium)

Please make checks payable to John Hancock Life Insurance Company (U.S.A.). Do not make check payable to the agent or leave the payee blank. Your advance payment check will be held in a non-interest bearing account while we underwrite your application.

4. Is this a List Bill? ☐ Please check if this is a new List Bill.	☐ Yes ☐ No	☐ Yes ☐ No
Group Number:	_____	_____
Group Name:	_____	_____]

PART 6 INSURANCE HISTORY

		Applicant A YES	Applicant A NO	Applicant B YES	Applicant B NO
6a	Are you covered by Medicaid?	☐	☐	☐	☐
6b.	Have you had another LTC insurance policy/certificate in-force during the last 12 months?	☐	☐	☐	☐
	If YES, insurance company name:				
	If lapsed, date of lapse:				
6c.	Do you have another LTC insurance policy or certificate in-force (including a healthcare service, health maintenance, or Medicare supplement contract)?	☐	☐	☐	☐
	If YES, insurance company name:				
	Policy/certificate #:				
	Annual premium:	$		$	
	Daily/Monthly benefit:	$		$	
	LTC insurance?	☐ Yes ☐ No		☐ Yes ☐ No	
6d.	Do you intend to replace any of your LTC, medical or health insurance coverage with the policy for which you are applying?	☐	☐	☐	☐
	If YES, insurance company name:				

PART 7 PROTECTION AGAINST UNINTENDED LAPSE

I understand that I have the right to name another person to receive Notice of Lapse/Termination of my insurance policy for non-payment of premium. I understand that notice will not be given until 30 days after a premium is due and unpaid.

Applicant A

☐ I elect NOT to designate any person to receive such notice, or

☐ I elect to designate the person below to receive such notice.

Name of Person _____

Number Street, Apt. # _____

City, State, Zip Code _____

Applicant B

☐ I elect NOT to designate any person to receive such notice, or

☐ I elect to designate the person below to receive such notice.

Name of Person _____

Number Street, Apt. # _____

City, State, Zip Code _____

PART 8 SPECIAL REQUESTS

PART 9 DECLARATION AND AUTHORIZATIONS

GENERAL AGREEMENT & ACKNOWLEDGMENT

I understand and agree as follows:

1. I have received the Outline of Coverage, Notice of Insurance Information Practices, Long-Term Care Insurance Personal Worksheet, Things You Should Know Before You Buy Long Term Care Insurance, the Potential Rate Increase Disclosure, the Shopper's Guide to Long-Term Care Insurance and a Replacement Notice (if replacing coverage) and the Guide to Health Insurance for People with Medicare (if eligible for Medicare).
2. In order for the underwriting of this application to proceed, this application and all underwriting requirements must be complete.
3. No agent or medical examiner has the authority from John Hancock to accept any risk, determine insurability, or waive or change any requirements or questions on this application.
4. John Hancock Life Insurance Company (U.S.A.) ("John Hancock") may require an attending physician statement, medical records, an underwriting assessment, a medical examination, motor vehicle report or other questionnaire or test.
5. I have read and reviewed the application. My statements and answers on this application are true, complete and correctly recorded to the best of my knowledge. They are representations and not warranties, and will be part of and form the basis of my policy being issued.
6. [Under the Benefit Builder option (if included in my policy), I understand that portfolio rates of return are not guaranteed and there will be little or no benefit increase in the early years of my policy.]

PREMIUM AGREEMENT AND AUTHORIZATION

I understand and agree that:

1. Completing this application or making an advance payment is not a guarantee that my application will be approved. If approved, the effective date will be indicated in the policy issued.
2. If my application is declined, the long-term care insurance coverage applied for will not become effective and any advance payment submitted with the application will be refunded to me, without interest.

[3. If making an advance payment, my check(s) will be held in a non-interest bearing account while John Hancock reviews this application for acceptance.]

[4. By making an advance payment by check with this application, my health status will be frozen as of the later of: the date I sign this application or the date I complete all physical exams or tests required by John Hancock, if applicable. This means that any change in my health that occurs after the date my health status is frozen will not affect the underwriting of my application. In addition, if my application is approved, my eligibility for benefits may begin on the date my health status was frozen.] [I understand that if no advance payment is made with the application, any subsequent change in health status before delivery of the policy should be communicated to John Hancock in writing and will affect my insurability.]

5. If bank draft is the selected method of payment, the first draft will occur on the premium due date after my policy has been issued. Subsequent drafts will occur on the selected draft day requested in Part 5 of this application.
6. In order to keep my policy in force, I must pay all the required premiums when due. The premium deducted or charged will be as shown on the policy or the most recent change notice issued to the policyholder by John Hancock.
7. I understand that premium rates are not guaranteed and may be increased in the future if I am among the group of policyholders whose premiums are determined to be inadequate.
8. I authorize John Hancock to deduct from my bank all required premiums, based upon my selected method of payment as shown in Part 5, indefinitely until I provide written notice of cancellation to John Hancock at servicing address stated in the policy, after allowing a reasonable time to act upon my notification. I agree to contact John Hancock if there are any changes to my account information. John Hancock reserves the right to terminate this payment plan at any time.

CAUTION: IF YOUR ANSWERS ON THIS APPLICATION ARE INCORRECT OR UNTRUE, JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A) MAY HAVE THE RIGHT TO DENY BENEFITS OR RESCIND YOUR COVERAGE.

Applicant A		Applicant B	
Signature		Signature	
X _____		X _____	
Signed at (City & State)	Date	Signed at (City & State)	Date
_____	_____	_____	_____

PART 10 PRODUCER/AGENT'S STATEMENT

		Applicant A	Applicant B
10a.	**Replacement:** To the best of my knowledge, replacement of other insurance (check box) involved in this transaction.	☐ Is ☐ Is Not	☐ Is ☐ Is Not

Listed below are all other health insurance policies I have (i) sold to the Applicant(s) which are still in force; and (ii) sold to the Applicant(s) in the last five years which are no longer in force.

Applicant A/B	Company	Type of Policy	Effective Date	In-Force?
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

	Applicant A	Applicant B
Please indicate the Underwriting Risk Classification quoted:	☐ Preferred	☐ Preferred
Note: LTC Underwriting will determine the appropriate risk class regardless of that quoted to the applicant. We will communicate any change.	☐ Select	☐ Select
	☐ Class 1	☐ Class 1
	☐ Class 2	☐ Class 2

I certify that I am duly licensed, appointed (when required), and have completed the required initial and ongoing training (where required) to solicit this application for long-term care insurance in this state.

Signature of Licensed Producer: _____

Producer Name (Please print): _____ Date: _____

Please attach the Illustration presented to the Applicant(s).

Outline of Coverage

Long-Term Care Insurance
Outline Of Coverage – [Custom Care III]
Policy Series LTC-11 AR

John Hancock Life Insurance Company (U.S.A.)

[LTC Administrative Office
[1 John Hancock Way, Suite 1700, Boston MA 02217-1700]

CAUTION: The issuance of this long-term care insurance Policy is based upon Your responses to the questions on Your application. A copy of Your application is enclosed. If Your answers are incorrect or untrue, the company has the right to deny benefits or rescind Your Policy. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of Your answers are incorrect, contact the company at this address: John Hancock Life Insurance Company (U.S.A.), [LTC Administrative Office, 1 John Hancock Way, Suite 1700, Boston MA 02217-1700] or call Us at [1-800-377-7311].

NOTICE TO BUYER: This Policy may not cover all of the costs associated with long-term care incurred by You during the period of coverage. You are advised to review carefully all Policy limitations.

1. This Policy is an individual policy of insurance.

2. PURPOSE OF OUTLINE OF COVERAGE.

   This Outline of Coverage provides a very brief description of the important features of this Policy. You should compare this Outline of Coverage to outlines of coverage for other policies available to You. This is not an insurance contract, but only a summary of coverage. Only the individual Policy contains governing contractual provisions. This means that the Policy sets forth in detail the rights and obligations of both You and the insurance company. Therefore, if You purchase this coverage, or any other coverage, it is important that You READ YOUR POLICY CAREFULLY!

3. FEDERAL TAX CONSEQUENCES.

   This Policy is intended to be a qualified long-term care contract under Section 7702B(b) of the Internal Revenue Code of 1986, as amended.

   Long-term care insurance was granted favorable federal income tax treatment in the Health Insurance Portability and Accountability Act of 1996. Policies meeting certain criteria outlined in this Act are eligible for this treatment. To the best of Our knowledge, We have designed this Policy to meet the requirements of this law. If, in the future, it is determined that this Policy does not meet these requirements, We will make every reasonable effort to amend the Policy if We are required to do so in order to gain such favorable federal income tax treatment. We will offer you an opportunity to receive these amendments.

4. TERMS UNDER WHICH THE POLICY MAY BE CONTINUED IN FORCE OR DISCONTINUED

   (a) RENEWABILITY: THIS POLICY IS GUARANTEED RENEWABLE. PREMIUMS ARE NOT GUARANTEED TO REMAIN UNCHANGED.

   This means You have the right, subject to the terms of Your Policy to continue this Policy as long as You pay Your premiums on time. John Hancock cannot change any of the terms of Your Policy on its own, except that, in the future, IT MAY INCREASE THE PREMIUM YOU PAY.

   (b) WAIVER OF PREMIUM.

   We will waive the payment of premiums under this Policy if You have received services for which benefits are payable under the Long-Term Care Benefit. The waiver period will start the day after Your Elimination Period has been satisfied and will end on the date when benefits are no longer payable. The premium will not be waived, however, if benefits are only being received under the Stay at Home Benefit or Care Advisory Services Benefit, or the Alternate Services Benefit.

5. TERMS UNDER WHICH THE COMPANY MAY CHANGE PREMIUMS.

PREMIUMS ARE NOT GUARANTEED TO REMAIN UNCHANGED. We reserve the right to increase Your premium as of any premium due date; however, any changes in premium rates must apply to all similar policies issued in Your state on this Policy form. In addition, premium rates cannot be raised more frequently than once in every twelve month period. This means We cannot single You out for an increase because of Your advancing age, declining health, claim status or for any other reason related solely to you. However, Your rates may go up based on the experience of all policyholders with a policy similar to Yours. We will give You at least 60 days written notice before We change premiums.

6. TERMS UNDER WHICH THE POLICY MAY BE RETURNED AND PREMIUMS REFUNDED

(a) THIRTY DAY FREE LOOK.

If You are not completely satisfied with this Policy for any reason, You may return it within 30 days from the date it was delivered to You. We will refund any premium paid within 30 days of the return, and the Policy will be treated as if it had never been issued.

(b) REFUND OF UNEARNED PREMIUMS.

Upon receipt of notice that You have died, We will refund the premium paid for any period beyond the date of death. Upon receipt of notice that You have cancelled this Policy, We will promptly refund the pro rata portion of the unused collected premium

7. THIS IS NOT A MEDICARE SUPPLEMENT POLICY.

If You are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from John Hancock. Neither John Hancock Life Insurance Company (U.S.A.) nor its agents represent Medicare, the federal government or any state government.

8. LONG-TERM CARE COVERAGE.

Policies of this category are designed to provide coverage for one or more necessary, preventative, therapeutic, rehabilitative, maintenance, or personal care services, provided in a setting other than an acute care unit of a hospital, such as in a Nursing Home, in the community, or in the home.

This Policy provides coverage for actual charges incurred for care up to the applicable Benefit Amount for covered long-term care expenses, subject to Policy limitations and requirements.

9. BENEFITS PROVIDED BY THIS POLICY

Benefit Limits Selected:

Long-Term Care Benefit Amount $_____ *(You may elect a monthly or daily option.)*

Benefit Period/Policy Limit _____

Elimination Period _____ days

Benefit Increase Option Selected _____

Optional Benefits Selected _____

_____

Important Note: You may choose either a monthly or daily Long-Term Care Benefit Amount. This choice is important as other Policy benefits are dependent upon this choice. We will provide You with information on how a choice of a monthly or daily Long-Term Care Benefit Amount will impact Policy benefits.

(a) Long-Term Care Benefit.

Subject to Policy requirements and limitations, this Policy provides coverage for actual charges up to the Long-Term Care Benefit Amount incurred by:

- Your confinement in a Nursing Home or Assisted Living Facility for Your room, board and care services (such care services being Nursing Care and Custodial Care);
- Home Health Care (including incidental homemaker services), , or
- attendance at an Adult Day Care Center providing Adult Day Care.

Any unused portion of Your Long-Term Care Benefit Amount will remain in the Policy Limit. Any benefit paid under this provision will reduce Your Policy Limit.

We will not pay benefits for charges during the Elimination Period, except for Care Advisory Services, Hospice Care not reimbursable under Medicare, and the Additional Stay at Home Benefit. Elimination Period (waiting period) means the number of Dates of Service that would otherwise be covered by this Policy, for which We will not pay benefits.

Only one complete Elimination Period needs to be satisfied while Your Policy is in force.

The Elimination Period starts on the first Date of Service. A Date of Service will only count toward Your Elimination Period if You have been certified by a Licensed Health Care Practitioner as a Chronically Ill Individual.

For purposes of Home Health Care only, a Date of Service will only count toward Your Elimination Period if You have received at least 2-hours of covered care on that date and such care is not primarily Incidental Homemaker Services.

No Date of Service may be counted as more than one day towards the satisfaction of Your Elimination Period. The Dates of Service used to satisfy Your Elimination Period do not need to be consecutive and may be accumulated under separate claims.

Limited Benefit for Independent Home Care Providers

In the event a Home Health Agency is not available within a 40-mile radius of Your Home, We will pay the actual charges incurred by You for Home Health Care in Your Home provided by an Independent Home Health Care Provider up to 75% of the Long-Term Care Benefit Amount.

Bedhold Benefit

If Your stay in a Nursing Home or Assisted Living Facility is interrupted for any reason and a benefit is payable under this Policy, We will continue to pay the actual charges for up to 60-days in any calendar year in order to reserve Your bed during Your absence.

(b) Additional Benefits

- Care Advisory Services Benefit.

  We will pay the Care Advisory Services Benefit up to the Care Advisory Services Benefit. This benefit is equal to 1/3 of the Long-Term Care Benefit Amount if the monthly option is chosen or 10-times the Long-Term Care Benefit Amount if the daily option is chosen.

  Care Advisory Services include: an assessment of the need for long-term care services; the development of a plan of care that is consistent with the assessment; coordination of the delivery of care and services; and monitoring the care and services delivered. You must meet the eligibility requirements in the Policy.

  You do not have to satisfy the Elimination Period to receive this benefit. Benefits paid under the Care Advisory Services Benefit do not reduce the Policy Limit.

- Additional Stay at Home Benefit.

  The Stay at Home Benefit can be used to pay for a variety of Your long-term care expenses while You are living in Your Home that are not otherwise covered under the Policy. Stay at Home Services include:

  - Home Modifications;
  - Emergency Medical Response Systems;
  - Durable Medical Equipment;
  - Caregiver Training;
  - Home Safety Check; and
  - Provider Care Check.

  The Additional Stay at Home Lifetime Benefit Amount is equal to 1-times the Long-Term Care Benefit Amount if the monthly option is chosen or 30-times the Long-Term Care Benefit Amount if the daily option is chosen.

  Benefits paid under the Additional Stay at Home Benefit will not reduce the Policy Limit. You do not have to satisfy the Elimination Period to receive benefits under the Additional Stay at Home Benefit.

  The days for which You receive only the Additional Stay at Home Benefit do not count toward the Elimination Period. You may receive benefits under the Long-Term Care Benefit and/or Care Advisory Services Benefit while receiving benefits under the Additional Stay at Home Benefit.

- Alternate Services Benefit.

  The Alternate Services Benefit allows You to use Your Policy's benefits to cover long-term care services not expressly covered by the Policy. Such services must be less expensive than the amount We would otherwise pay for such long term care services. The Alternate Plan of Care as well as the benefit levels to be payable, must be agreed upon by You and Us.

- Return of Premium upon Death Benefit.

  Important Notice - The Return of Premium Benefit is not applicable to You if You are age 65 or older.

  If You die before Your 65th birthday, We will pay to Your beneficiary a Return of Premium upon Death Benefit if Your Policy is in force on the date of Your death. The Return of Premium upon Death Benefit will be calculated by subtracting the sum of all benefits paid under Your Policy for charges incurred prior to the date of Your death from the sum of all premiums paid for Your Policy (accumulated without interest).

  Important Notice Regarding Federal Income Tax Law – Please note that the payment of the Return of Premium Benefit may have Federal Income Tax implications for Your estate or beneficiary. You are advised to review this benefit with a qualified tax professional or attorney to determine any such tax impact.

- Double Coverage for Accident Benefit.

  (This benefit will only be included in the Policy if You: have met Our underwriting guidelines for this benefit; and are under age 65 at the time of an Accidental Injury.)

  If You become eligible for benefits under this Policy due to an Accidental Injury prior to Your 65th birthday, We will pay the actual charges incurred by You for Long-Term Care Services up to the Double Coverage for Accident Benefit Amount. The Double Coverage for Accident Benefit Amount is equal to 2-times the Long-Term Care Benefit Amount. Benefits paid in excess of the Long-Term Care Benefit Amount will ***not*** be deducted from the Policy Limit.

  We will never pay more than the actual charges You incur for care and services covered by this Policy. Payment of the Double Coverage for Accident Benefit will begin only after You have satisfied Your Elimination Period.

  Benefits payable under the Double Coverage for Accident Benefit will terminate when You are no longer a Chronically Ill Individual. If You suffer an additional loss or condition after You recover from an Accidental Injury, but that loss or condition does not result primarily from an Accidental Injury, You will not qualify for payment of the Double Coverage for Accident Benefit.

(c) Eligibility for Payment of Benefits.

You are eligible for benefits under this Policy if You are a Chronically Ill Individual. You are a Chronically Ill Individual if:

- are unable to perform without Substantial Assistance from another individual at least two Activities of Daily Living due to the loss of functional capacity for a period expected to last at least 90 days; or
- You require substantial supervision to protect Yourself from threats to health and safety due to the presence of a Cognitive Impairment.

Activities of Daily Living mean the following activities: bathing, continence, dressing, eating, toileting, and transferring.

Cognitive Impairment means a deficiency in a person's short-term or long-term memory; orientation as to person, place, and time; deductive or abstract reasoning; or judgment as it relates to safety awareness.

(d) Conditions.

To receive benefits under this Policy:

- Your Elimination Period must have been satisfied;
- You must receive covered care or services while this Policy is in effect;
- You must receive care or services that are consistent with and specified in Your Plan of Care; and
- We must receive a current Plan of Care and written Proof of Loss, both of which are acceptable to Us.

Because this Policy is intended to be tax-qualified under federal law, a written Certification from a Licensed Health Care Practitioner that You are a Chronically Ill Individual is required.

This written certification must be renewed and submitted to Us every 12 months.

(e) Optional Benefits.

You may elect any of the optional benefits listed. You must pay an additional premium for any of the optional benefits elected.

- [SharedCare.

  The SharedCare Rider allows Your Partner to access benefits under Your Policy if Your Partner first exhausts the available benefits payable under his or her policy. You and Your Partner may both receive benefits under Your Policy at the same time. In no event will We pay benefits that exceed the maximum Policy Limits of both policies combined. Your Partner must also have added an identical SharedCare Benefit Rider to his/her policy naming You as Covered Person for that policy.

- Survivorship and Waiver of Premium Benefit.

  The Survivorship and Waiver of Premium Benefit rider provides that Your premiums will be waived in the event Your Partner dies or goes on claim after both policies have been inforce for at least 10 years and no claims were payable in the first 10 years. Payments will resume if Your Partner's premiums are no longer waived or Your Partner's policy terminates.

- Waiver of the Elimination Period for Home Care.

  We will waive the requirement that you satisfy the Elimination Period if You are receiving Home Health Care, or Adult Day Care. The Elimination Period must still be satisfied before benefits are payable under Long-Term Care Benefit for confinement in a Nursing Home or an Assisted Living Facility. However, days which the Home Health Care Elimination Period is waived will count toward meeting the facility Elimination Period.

- Additional Cash Benefit.

  In addition to the monthly or daily benefits, this rider will provide a cash indemnity in order to help You stay at home. No benefit is payable in any month if You are confined in a Nursing Home or Assisted Living Facility at least one day during the calendar month. The Additional Cash Benefit Amount is equal to 15% of the Long Term Care Benefit Amount (if You elect the monthly option) or 4.5 times the Long-Term Care Benefit Amount (if You elect the daily option). A benefit paid under the Additional Cash Benefit will not reduce the Policy Limit. Payment of the Additional Cash Benefit Amount will begin only after You have satisfied Your Elimination Period.

  Important Notice Regarding Federal Income Tax Law in the Event You Elected a Long-Term Care Benefit Amount in Excess in Excess of Per Diem Limitation

  Benefits paid under the Additional Cash Benefit are subject to certain aggregation rules under the Internal Revenue Code Section 7702B for purposes of Federal Income Tax calculation. This means that Monthly Cash Benefits will be aggregated with other benefits paid for You under the Policy. In the event that total payments exceed the "Per Diem Limitation" for that period, any benefits paid in excess of such limitation are includable in gross income. You are advised to review this benefit with a qualified tax professional or attorney to determine any such tax impact.]

- Nonforfeiture Benefit.

  If Your Policy lapses because You have not paid the premium within the Grace Period, after being in force at least three years (or one-year if You selected the Twenty-Year Premium Payment or Paid-up at Age 75 Payment Option), it will remain in force with a reduced policy limit equal to the sum of the premiums You have paid.

  In the event that You do not elect the Nonforfeiture Benefit, Your Policy will contain the Contingent Nonforfeiture Benefit provision.

  The Contingent Nonforfeiture Benefit provides that in the event We increase rates by more than a specified amount shown in the Contingent Nonforfeiture provision, We will provide You with the opportunity to: pay the increased premium, decrease Your benefits to a level supported by Your current premium, or elect the Contingent Nonforfeiture Benefit. Under the Contingent Nonforfeiture Benefit, Your Policy will remain in force with a reduced policy limit equal to the sum of the premiums You have paid. This means that a reduced benefit will be payable instead of the full Policy Limit.

10. LIMITATIONS AND EXCLUSIONS

In addition to the Conditions to qualify for benefits set forth above, the following limitations and exclusions apply to the Policy.

(a) Exclusions.

This Policy does not cover care, treatment or charges:

- for intentionally self-inflicted injury.
- required as a result of alcoholism, alcohol abuse, or drug addiction (unless drug addiction was a result of the administration of drugs as part of treatment by a Physician).
- due to war (declared or undeclared) or any act of war, or service in any of the armed forces or auxiliary units.
- due to participation in a felony, riot or insurrection.
- normally not made in the absence of insurance.
- provided by a member of Your Immediate Family, unless:
  - the family member is one of the following professionals -- a duly licensed registered nurse, licensed vocational nurse, licensed practical nurse, physical therapist, occupational therapist, speech therapist, respiratory therapist, licensed social worker, or registered dietitian; and
  - the family member is a regular employee of a Nursing Home, Assisted Living Facility, Home Health Care Agency or Adult Day Care Center which is providing the services;
  - the organization receives the payment for the services; and
  - the family member receives no compensation other than the normal compensation for employees in his or her job category.
- provided outside the fifty United States and the District of Columbia except as described in the International Coverage section of this Policy.

(b) Non-Duplication of Benefits.

This Policy will only pay covered charges in excess of charges covered under any of the following:

- Medicare (including amounts not reimbursable by Medicare such as a Medicare deductible or coinsurance amounts). This means that this Policy does not pay for Your Medicare deductibles or coinsurance.
- any other governmental program (except Medicaid).
- any workers' compensation law, employer's liability or occupational disease law, or any motor vehicle no-fault law.

(c) Charges not Covered.

We will not pay for any of the following: Physician's charges; hospital and laboratory charges; prescription or non-prescription medication; medical supplies; durable medical equipment (except as described in the Additional Stay at Home Benefit) and shipping charges for such equipment; any transportation or mileage charge; items and services furnished at Your request for beautification, comfort, convenience or entertainment; room and board charges for independent living quarters in a continuing care retirement community or similar entity; any type of residential upkeep, construction, renovation, or home maintenance (such as painting or plumbing); lawn/yard care; snow removal; or vehicle or equipment upkeep; and charges for care or services which are not included in and/or are inconsistent with Your Plan of Care.

(d) Limitations

We will not pay benefits in excess of the Policy Limit except for the Additional Stay at Home Benefit and Care Advisory Services. We will not pay benefits for charges during the Elimination Period except for the Additional Stay at Home Benefit, Hospice Care not reimbursable under Medicare, and Care Advisory Services. We will only pay benefits for services specified in the Plan of Care. We will determine services under the Plan of Care for which benefits are payable, and the amount of such benefits, which shall not exceed charges normally made for similar care, services or other items in the locality where they are received.

THIS POLICY MAY NOT COVER ALL THE EXPENSES ASSOCIATED WITH YOUR LONG-TERM CARE NEEDS.

11. RELATIONSHIP OF COST OF CARE AND BENEFITS

Because the costs of long-term care services will likely increase over time, You should consider whether and how the benefits of this Policy may be adjusted. The benefit level(s) of this Policy will not increase over time, unless You have elected to purchase Inflation Coverage. You are guaranteed the option to buy Inflation Coverage.

The Policy contains the option to purchase: [CPI Compound Inflation Coverage; CPI Compound Inflation Coverage Through Age 75; Benefit Builder;] 5% Compound Inflation Coverage[; 3% Compound Inflation Coverage; or a Guaranteed Purchase Option]. These options are described at the end of this Outline of Coverage.

12. ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN DISORDERS

We cover brain disorders with demonstrable organic cause (including Alzheimer's Disease and similar forms of senility and irreversible dementia) that result in a Cognitive Impairment which are diagnosed by a Physician after the Effective Date of Coverage.

13. PREMIUMS

The total premium for Your Policy as well as a breakdown of the premium by base policy and optional benefits are found below.

Annual Premium

Base Policy (includes inflation, if any)	$_____
• [SharedCare	$_____
• Survivorship-Waiver of Premium Benefit	$_____
• Waiver of the Elimination Period For Home Care	$_____
• Additional Cash Benefit	$_____
• Nonforfeiture	$_____
Total Annual Premium	$_____

Your premium will be $ _____ on a _____ basis.**]

** You may elect to pay Your premium on an annual, semi-annual, quarterly or monthly basis. Please note that the more often you pay, the higher your premium amount will be per year. Additional premium charges are included for semi-annual, quarterly, and monthly premiums. These charges are called "modal fees". These fees are based upon the following modal factors and are used to determine the premium amount for all payment options. The modal factors are 1.00 for annual, .52 for semi-annual, .27 for quarterly and .09 for monthly.

To calculate Your approximate total annual premium payment based on Your current policy selection:

- Multiply the "Total Annual Premium" as shown in the box above by the factor associated with Your selected mode of payment, and then
- Multiply that result by the number of payments required in a year based upon Your selected payment mode.

14. ADDITIONAL FEATURES

(a) Issuance of Your coverage will depend upon certain medical information about You. This is generally known as medical underwriting.

(b) This Policy provides added protection against lapse. You may name another person on the application to receive a termination notice 30 days after the premium due date. If Your Policy terminates because You did not pay a premium while You would meet the eligibility requirements for the payment of benefits, it may be reinstated within 5 months of the date of termination if:

- You give Us proof of the Cognitive Impairment or Your inability to perform 2 of the Activities of Daily Living without Substantial Assistance; and
- You pay all the unpaid overdue premiums.

(c) This Policy includes an International Coverage Benefit. The International Coverage Benefit provides that we will pay actual charges incurred for covered Long-Term Care Services up to the International Coverage Benefit for care received outside the United States.

The International Coverage Benefit will not be paid in excess of an amount equal to:

- 365-times the Long-Term Care Benefit Amount if You elected the daily Benefit Amount option; or
- 12-times the Long-Term Care Benefit Amount if You elected the monthly Benefit Amount option.

No benefits under the International Coverage Benefit are payable for: the Additional Stay at Home Benefit, the Double Coverage for Accident Benefit (if included in Your Policy); Care Advisory Services; or the Limited Benefit for Independent Home Care Providers.

15. CONTACT THE STATE AGENCY LISTED IN *A SHOPPER'S GUIDE TO LONG-TERM CARE INSURANCE* IF YOU HAVE GENERAL QUESTIONS REGARDING LONG-TERM CARE INSURANCE. CONTACT THE INSURANCE COMPANY IF YOU HAVE SPECIFIC QUESTIONS REGARDING YOUR LONG-TERM CARE INSURANCE POLICY OR CERTIFICATE.

INFLATION PROTECTION AVAILABLE FOR YOUR LONG-TERM CARE INSURANCE POLICY

[BENEFIT BUILDER

Benefit Builder allows You to increase Your Policy benefits over time by way of Automatic Crediting and the Buy-Up Option.

- Automatic Crediting allows Your Policy benefits to grow gradually over time with no corresponding increase in premium, by using Excess Earnings Credits, if any, to automatically increase Your benefits. *However, please see the provision captioned Important Notice Regarding Automatic Crediting which describes situations when benefits may not increase under Automatic Crediting.*
- The Buy-Up Option provides You with the opportunity to elect to increase Your Policy benefits for an additional premium every three years.

Please note the following terms:

- Allocated Reserve Value refers to the portion of assets attributed to Your Policy in the Portfolio. Allocated Reserve Values are related to the amount of premiums that have been paid into the Policy plus investment earnings less expenses and past expected claims. The Allocated Reserve Value will be re-determined on each Policy Anniversary to account for the impact from benefit changes and/or benefit additions. In the event of a future inforce rate increase on this Policy, the Allocated Reserve Value will not change.

- The Annual Benefit Increase Amount is equal to the Excess Earnings Credit divided by a single premium rate then in effect and on file with the applicable regulator. In the event of a future inforce rate increase on this Policy the single premium rate applied to new Excess Earnings Credits will be revised to reflect updated assumptions, subject to approval by the applicable regulator.

- The Excess Earnings Credit is determined on each Policy Anniversary and is based upon the following formula:

  ((Portfolio Rate of Return in effect as of the current Policy Anniversary – 3%)
  times the Allocated Reserve Value as of the current Policy Anniversary)
  minus any adjustment for negative Excess Earnings Credits occurring in prior years.

- Portfolio means the subset of Our general account that contains the assets which support the benefits for policies that include this Endorsement. The Portfolio may also support other policies with similar features and benefits as this Endorsement. The assets in the Portfolio may change over the life of a Policy. We have sole discretion over the assets of Our general account and policyholders do not have any preferential claim on those assets. We reserve the right to close the Portfolio to future applicants and establish a new Portfolio for such business.

- Portfolio Rate of Return means the annual rate of return (net of investment expenses) that we calculate for assets in the Portfolio. Returns are not guaranteed and will vary year-to-year. Our calculation of the Portfolio Rate of Return will be made according to the process that We have filed with the applicable insurance regulator.

Automatic Crediting

We will calculate the Excess Earnings Credit on each Policy Anniversary. When the Excess Earnings Credit is a positive number, We will increase the current Long-Term Care Benefit Amount by the Annual Benefit Increase Amount. When the Long-Term Care Benefit Amount is increased, the remaining Policy Limit (as well as other remaining Benefit Amounts listed in the Policy Schedule) will be increased by the same percentage as the increase in the Long-Term Care Benefit Amount.

In the event the Excess Earnings Credit is less than or equal to zero, We will not reduce the Long-Term Care Benefit Amount by such decrease on the Policy Anniversary. However, We will offset any such decreases when calculating future Excess Earnings Credits. This means that there may be no benefit increases (or a reduced benefit increase) even in years where the Portfolio Rate of Return is greater than 3% until such time that the amount offset for all prior years has been recouped.

Important Notice Regarding Automatic Crediting

- Allocated Reserve Values will grow over time as each year's premium is collected. Therefore, there will be little or no benefit increases in the early years of Your Policy.
- Portfolio Rates of Return are not guaranteed and will vary from year-to-year.
- In any year, or years, when the Portfolio Rate of Return is 3% or less, your benefits will remain the same. Any future Excess Earnings Credits will be offset to make up for any prior Excess Earnings Credits that are less than zero.

We will provide You with an annual report each year indicating Portfolio performance for past and current years including how Your benefit is affected.

Automatic Crediting may not be sufficient to fully keep up with inflation.

Buy-Up Option

Important Notice: The Buy-Up Option is not applicable to You if You are paying Your premium via the Twenty-Year Premium Payment Option or the Paid up at Age 75 Payment Option or if You purchased the Survivorship and Waiver of Premium Benefit.

Option Dates

Subject to the limitations described below and starting as of the third anniversary of the Effective Date of Coverage and every third anniversary thereafter through age 75 (the "Option Dates"), We will offer You the option to increase Your Long-Term Care Benefit Amount by purchasing an additional amount of coverage equal to 10% of the current Long-Term Care Benefit Amount that was in effect immediately prior to that Option Date. As such, any Annual Benefit Increase Amount earned for that Policy Anniversary will not be included in the calculation of the Buy-Up Option. No additional underwriting will be required.

We must receive Your written election within 31-days after the applicable Option Date or Your right to elect that increase will expire.

When the Long-Term Care Benefit Amount is increased under the Buy-Up Option, the remaining Policy Limit (as well as any remaining Benefit Amounts listed in the Policy Schedule) will be increased by the same percentage as the increase in the Long-Term Care Benefit Amount and rounded to the nearest dollar.

INFLATION PROTECTION AVAILABLE FOR YOUR LONG-TERM CARE INSURANCE POLICY, continued

Important Notice:

If your age on the Effective Date of Coverage is younger than 65:

- You will have the opportunity to accept Buy-Up Options through age 75. If you decline a Buy-Up Option, that increase will not be available on any future date. You will, however, still have an opportunity to accept future Buy-Up Options through age 75 as long as you have only declined one Buy-Up Option. If you decline two Buy-Up Options, no future offers will be made.

If your age on the Effective Date of Coverage is 65 or older:

- You will have the opportunity to accept Buy-Up Options through age 75 only if You accepted each prior offer. If You decline any Buy-Up Option, no future offers will be available to You.

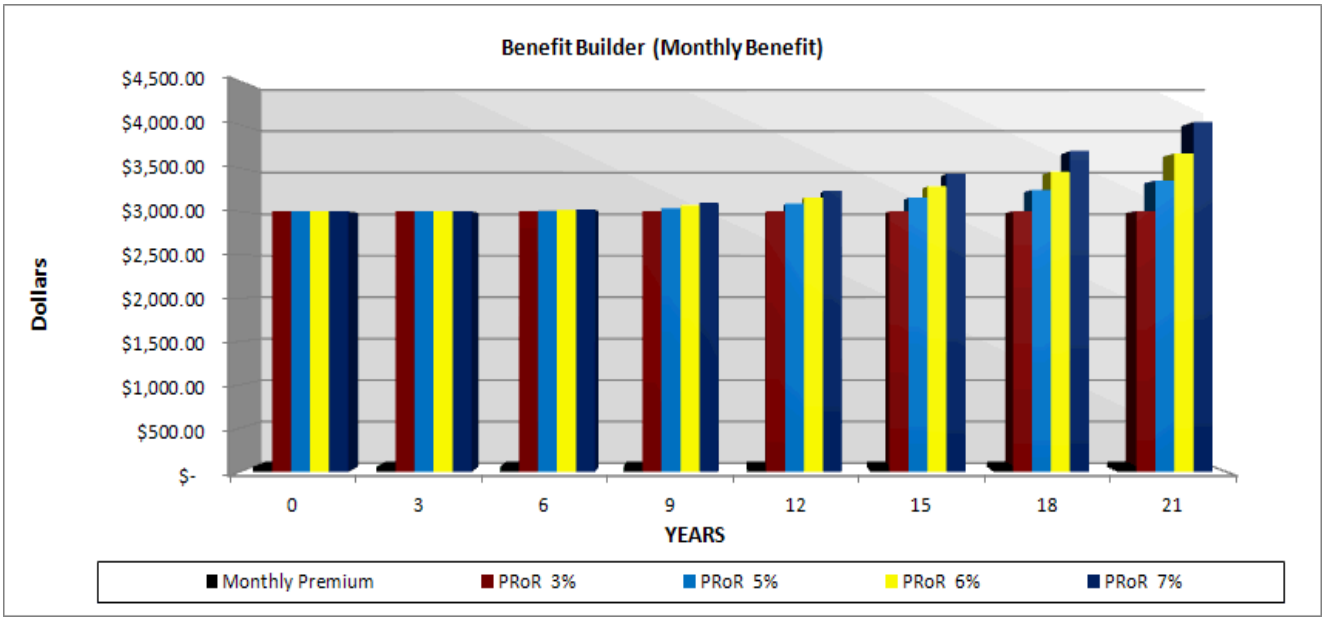
However, You may request to resume such offers by making the request to Us in writing and provide evidence of insurability satisfactory to Us. Any resumed offers will be subject to all of the conditions of this Endorsement.

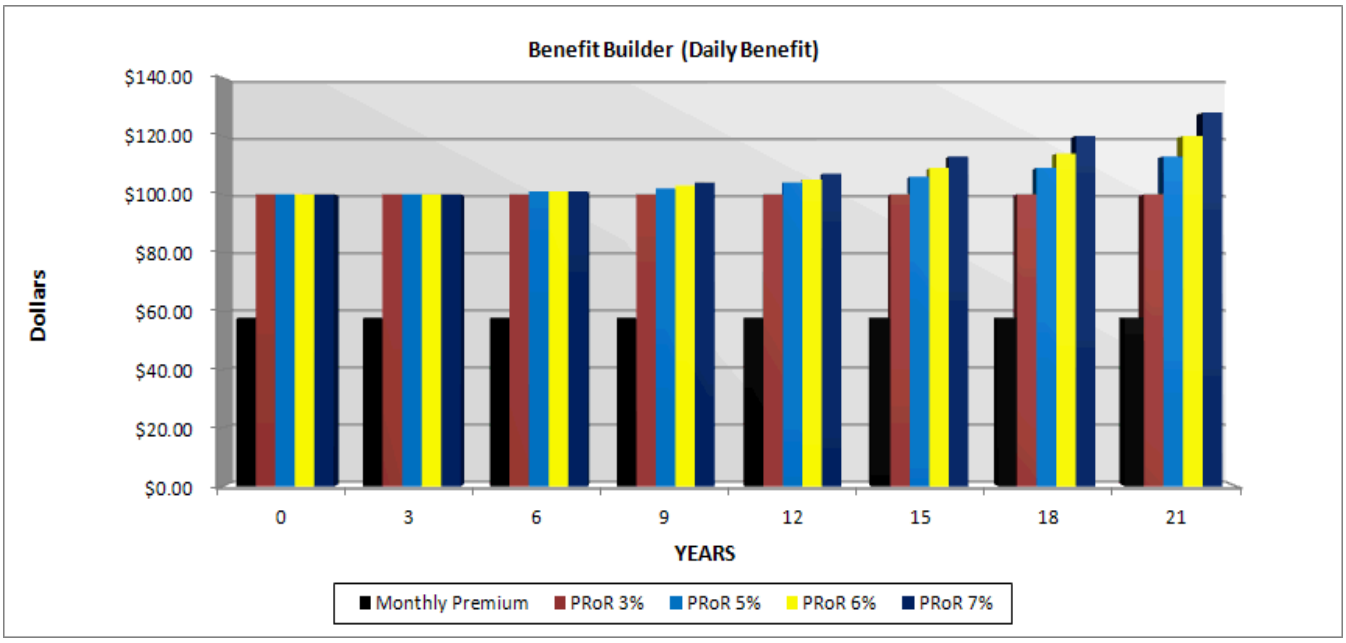
The increase on any Option Date will not be available to You (and, if requested, will not take effect) if:

- You were a Chronically Ill Individual at any time during the two year period prior to the Option Date; or
- You have ever received benefits under this Policy; or
- the Option Date occurs on or after Your 76th birthday.

The graphs below show the change in the daily or monthly Benefit Amount and the monthly premium under four possible scenarios assuming a hypothetical constant annual Portfolio Rate of Return (PRoR) of 3 %, 5%, 6% and 7%.

The graphs illustrate a policy which has been issued to a person who is age 50 and has chosen a monthly Long-Term Care Benefit Amount of $3,000 or daily Long-Term Care Benefit Amount of $100, and a 3-year Benefit Period, assuming no Buy-Up Options were elected.




Benefit Builder (Daily Benefit)
$140.00
$120.00
$100.00
$80.00
$60.00
$40.00
$20.00
$0.00
Dollars
0
3
6
9
12
15
18
21
YEARS
Monthly Premium
PRoR 3%
PRoR 5%
PRoR 6%
PRoR 7%

CPI COMPOUND INFLATION COVERAGE AND GUARANTEED INCREASE OPTION

CPI Compound Inflation Coverage:

Under this option, Your Long-Term Care Benefit Amount will be increased on each Policy anniversary by the percentage change in the non-seasonally adjusted Consumer Price Index (CPI) three months prior to Your Policy anniversary as compared to the same month's CPI one year prior and rounded to the nearest dollar.

In the event the CPI decreases, We will not reduce the Long-Term Care Benefit Amount by such CPI decrease on the Policy anniversary. However, We will offset any such CPI decreases when calculating future CPI increases to the Long-Term Care Benefit Amount.

The premium for the CPI Compound Inflation Coverage is included in the Policy premium. Your premium will not change for any annual automatic CPI compound increase, except as described in the Policy.

Guaranteed Increase Option:

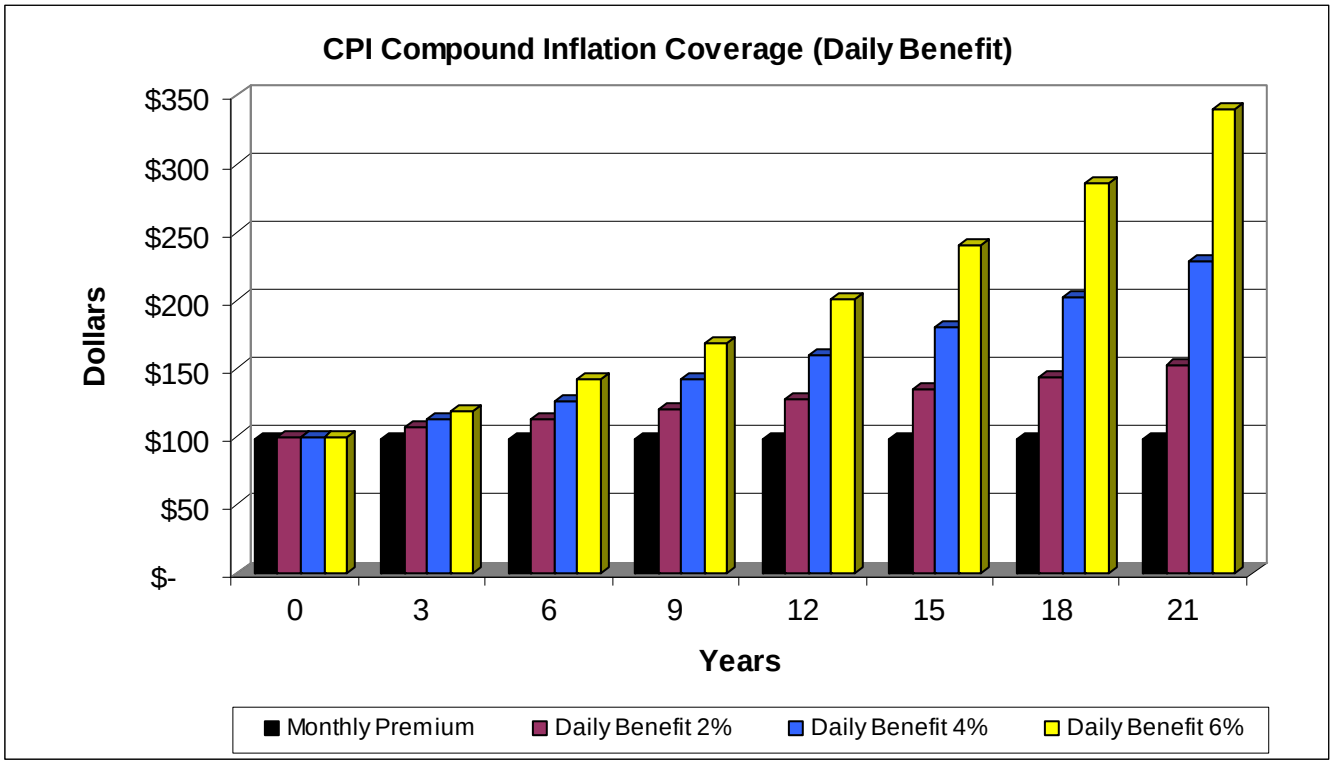
Important Notice: The Guaranteed Increase Option is not applicable to You if: You are paying Your premium via the Twenty-Year Premium Payment Option or the Paid-Up at Age 75 Payment Option; or if You have elected the Survivorship and Waiver of Premium Benefit.

Effective as of the third anniversary of the Effective Date of Coverage and every third anniversary thereafter (the "Option Dates"), We will offer You the option to increase Your Long-Term Care Benefit Amount by purchasing an additional amount of coverage equal to 5% of the Long-Term Care Benefit Amount that was in effect immediately prior to that Option Date. This increase is in addition to the annual automatic CPI compound increase described above. No additional underwriting will be required. If You elect an increase under the Guaranteed Increase Option, the amount of the annual automatic CPI compound increase on that Option Date will be based on Your Long-Term Care Benefit Amount prior to this additional purchase.

We must receive Your written election within 31-days after the applicable Option Date or Your right to elect that increase will expire. The premium for any increase under this Guaranteed Increase Option (including any corresponding premium for any optional benefit riders/endorsements that You have elected and are part of Your Policy) will be based on Your age on the Option Date and the premium rates then in effect. The increase on any Option Date will not be available to You (and, if requested, will not take effect) if: You were a Chronically Ill Individual during the two year period prior to the Option Date; or the Option Date occurs on or after Your 76th birthday.

After You decline the offer of an optional increase on any two Option Dates, no future offers will be available to You. However, You may request to resume such offers by making the request to Us in writing and provide evidence of insurability satisfactory to Us. Any resumed offers will be subject to all conditions of this Endorsement.

The graphs below show the change in the daily or monthly Benefit Amount and the monthly premium under three possible scenarios – increases in coverage assuming a constant 2%, 4% or 6% change in the CPI. The graphs illustrate a policy which has been issued to a person who is age 50 and has chosen a monthly Long-Term Care Benefit Amount of $3,000 or daily Long-Term Care Benefit Amount of $100, and a 3-year Benefit Period.


CPI Compound Inflation Coverage (Daily Benefit)
$350
$300
$250
$200
$150
$100
$50
$-
Dollars
0
3
6
9
12
15
18
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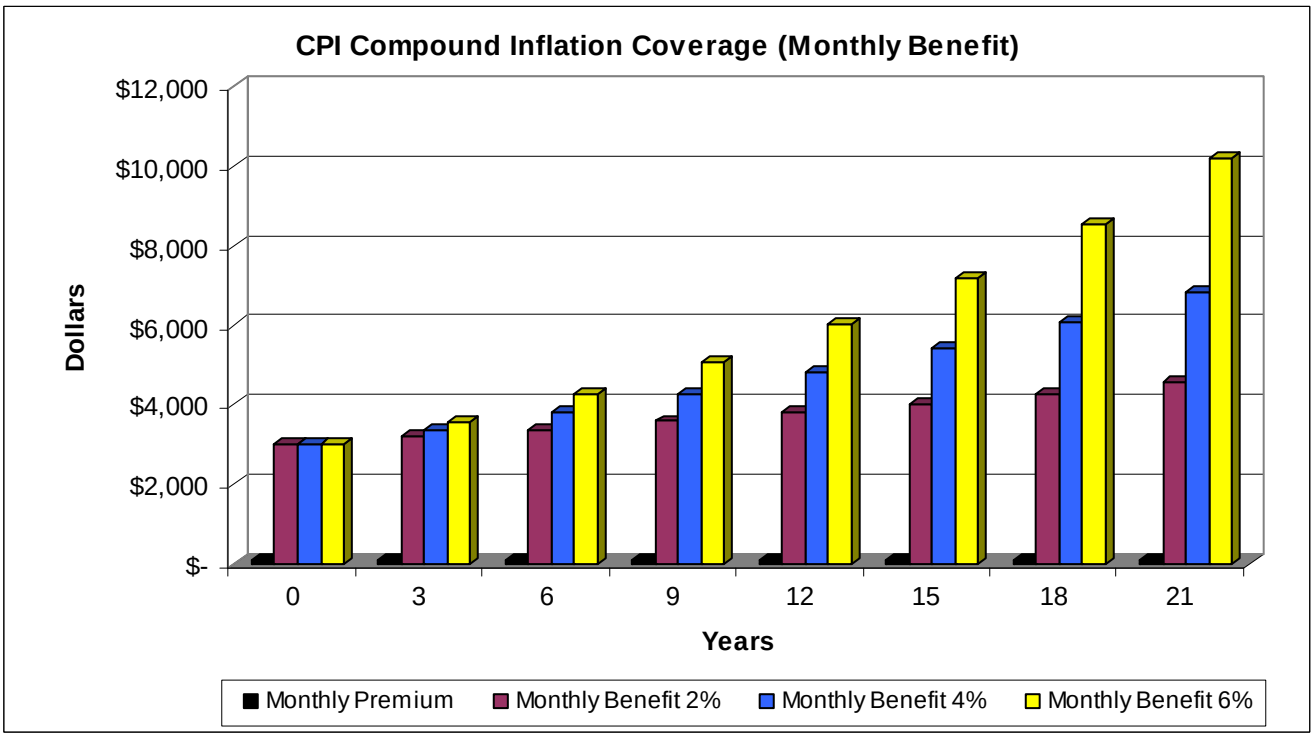
Years
Monthly Premium
Daily Benefit 2%
Daily Benefit 4%
Daily Benefit 6%


CPI Compound Inflation Coverage (Monthly Benefit)
$12,000
$10,000
$8,000
$6,000
$4,000
$2,000
$-
Dollars
0
3
6
9
12
15
18
21
Years
Monthly Premium
Monthly Benefit 2%
Monthly Benefit 4%
Monthly Benefit 6%

CPI COMPOUND INFLATION COVERAGE THROUGH AGE 75 AND GUARANTEED INCREASE OPTION

CPI Compound Inflation Coverage Through Age 75:

Under this option, Your Long-Term Care Benefit Amount will be increased on each Policy anniversary through age 75 by the percentage change in the non-seasonally adjusted Consumer Price Index (CPI) three months prior to Your Policy anniversary as compared to the same month's CPI one year prior and rounded to the nearest dollar.

In the event the CPI decreases, We will not reduce the Long-Term Care Benefit Amount by such CPI decrease on the Policy anniversary. However, We will offset any such CPI decreases when calculating future CPI increases to the Long-Term Care Benefit Amount.

The premium for the CPI Compound Inflation Coverage Through Age 75 is included in the Policy premium. Your premium will not change for any annual automatic CPI compound increase, except as described in the Policy.

There will be no further increases under this Endorsement on or after Your 76^{h} birthday. After such date has been reached all annual benefit increases under this provision will stop.

Guaranteed Increase Option:

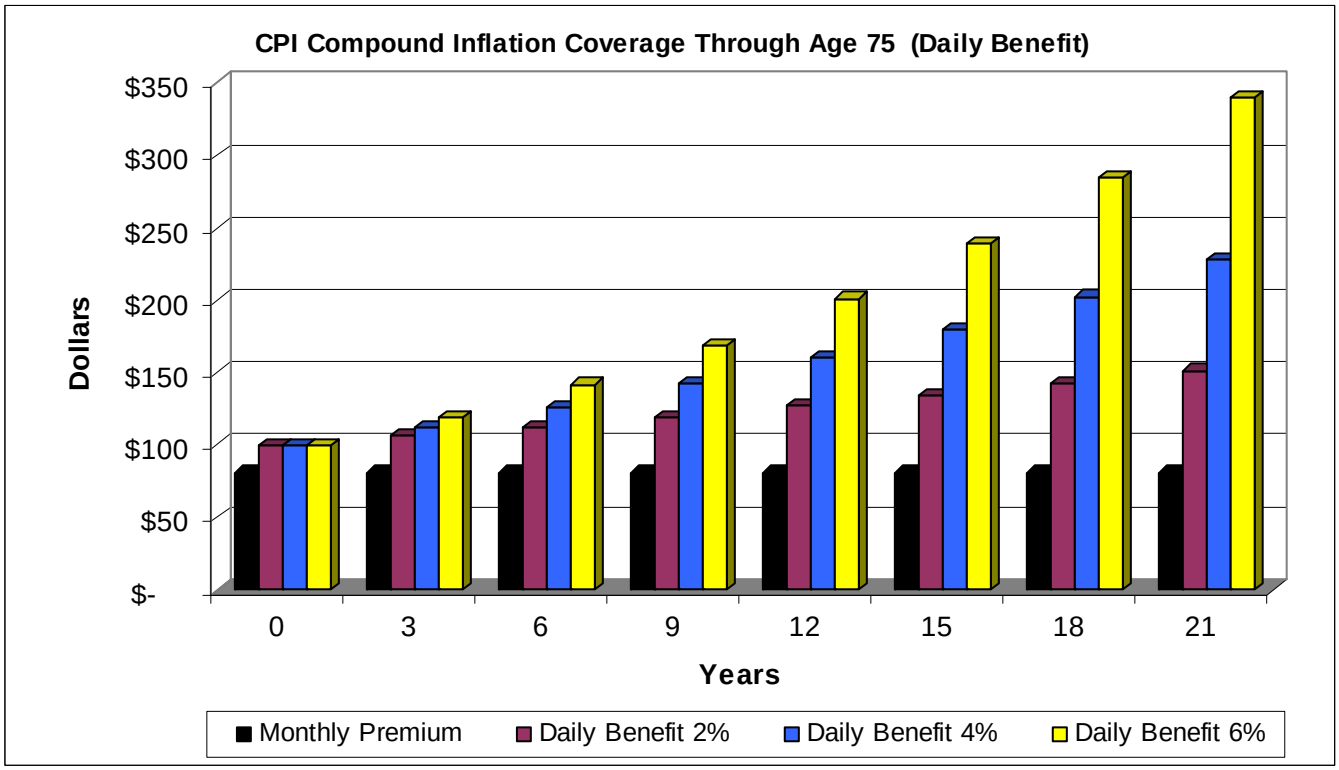
<u>Important Notice</u> – The Guaranteed Increase Option is not applicable to You if: You are paying Your premium via the Twenty-Year Premium Payment Option or the Paid-Up at Age 75 Payment Option; or if You have elected the Survivorship and Waiver of Premium Benefit.

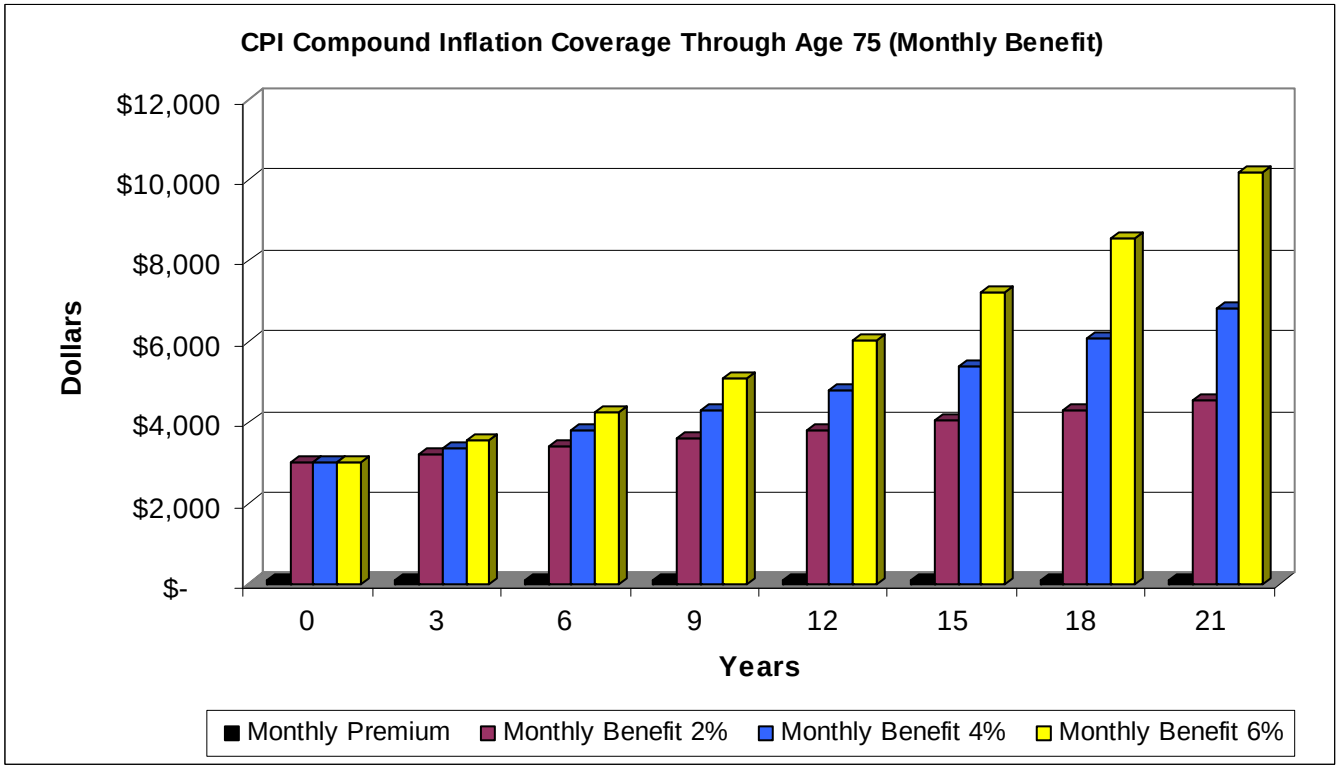
Effective as of the third anniversary of the Effective Date of Coverage and every third anniversary thereafter through age 75 (the "Option Dates"), We will offer You the option to increase Your Long-Term Care Benefit Amount by purchasing an additional amount of coverage equal to 5% of the Long-Term Care Benefit Amount that was in effect immediately prior to that Option Date. This increase is in addition to the annual automatic CPI compound increase described above. No additional underwriting will be required. If You elect an increase under the Guaranteed Increase Option, the amount of the annual automatic CPI compound increase on that Option Date will be based on Your Long-Term Care Benefit Amount prior to this additional purchase.

We must receive Your written election within 31-days after the applicable Option Date or Your right to elect that increase will expire. The premium for any increase under this Guaranteed Increase Option (including any corresponding premium for any optional benefit riders/endorsements that You have elected and are part of Your Policy) will be based on Your age on the Option Date and the premium rates then in effect. The increase on any Option Date will not be available to You (and, if requested, will not take effect) if: You were a Chronically Ill Individual during the two year period prior to the Option Date; or the Option Date occurs on or after Your 76th birthday.

After You decline the offer of an optional increase on any two Option Dates, no future offers will be available to You. However, You may request to resume such offers by making the request to Us in writing and provide evidence of insurability satisfactory to Us. Any resumed offers will be subject to all conditions of this Endorsement.

The graphs below show the change in the daily or monthly Benefit Amount and the monthly premium under three possible scenarios – increases in coverage assuming a constant 2%, 4% or 6% change in the CPI. The graphs illustrate a policy which has been issued to a person who is age 50 and has chosen a monthly Long-Term Care Benefit Amount of $3,000 or daily Long-Term Care Benefit Amount of $100, and a 3-year Benefit Period.


CPI Compound Inflation Coverage Through Age 75 (Daily Benefit)
$350
$300
$250
$200
$150
$100
$50
$-
Dollars
0
3
6
9
12
15
18
21
Years
Monthly Premium
Daily Benefit 2%
Daily Benefit 4%
Daily Benefit 6%

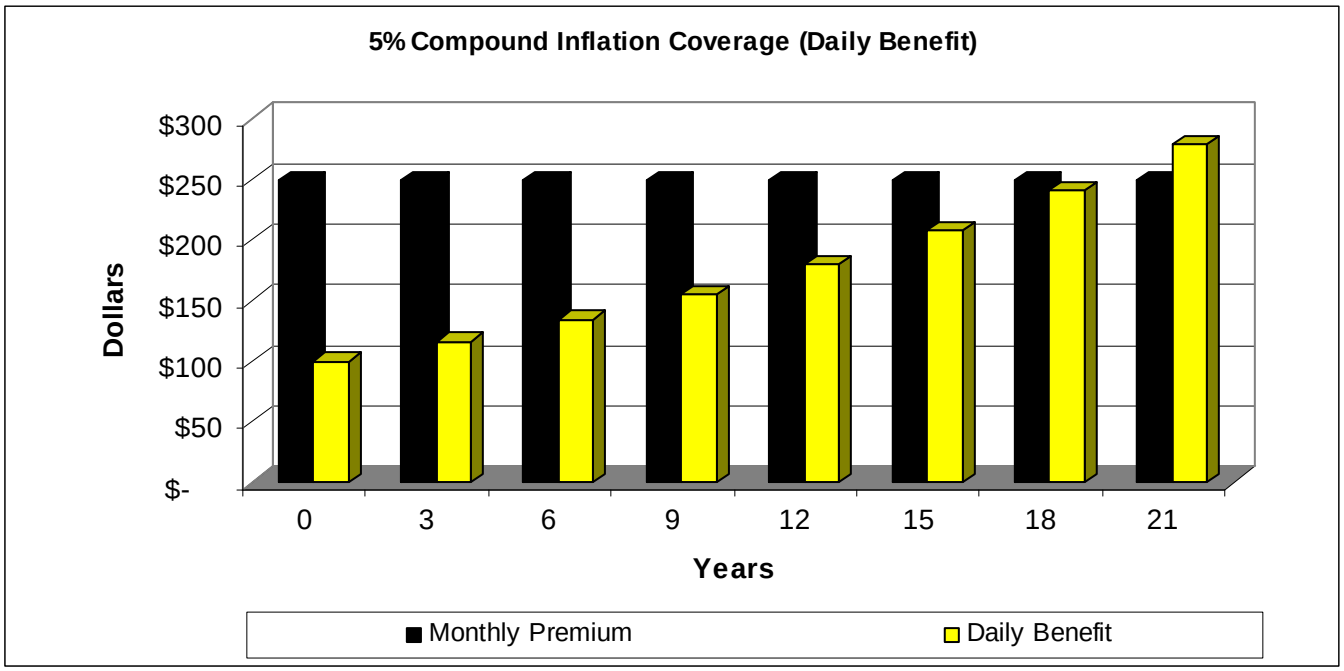

CPI Compound Inflation Coverage Through Age 75 (Monthly Benefit)
$12,000
$10,000
$8,000
$6,000
$4,000
$2,000
$-
Dollars
0
3
6
9
12
15
18
21
Years
Monthly Premium
Monthly Benefit 2%
Monthly Benefit 4%
Monthly Benefit 6%

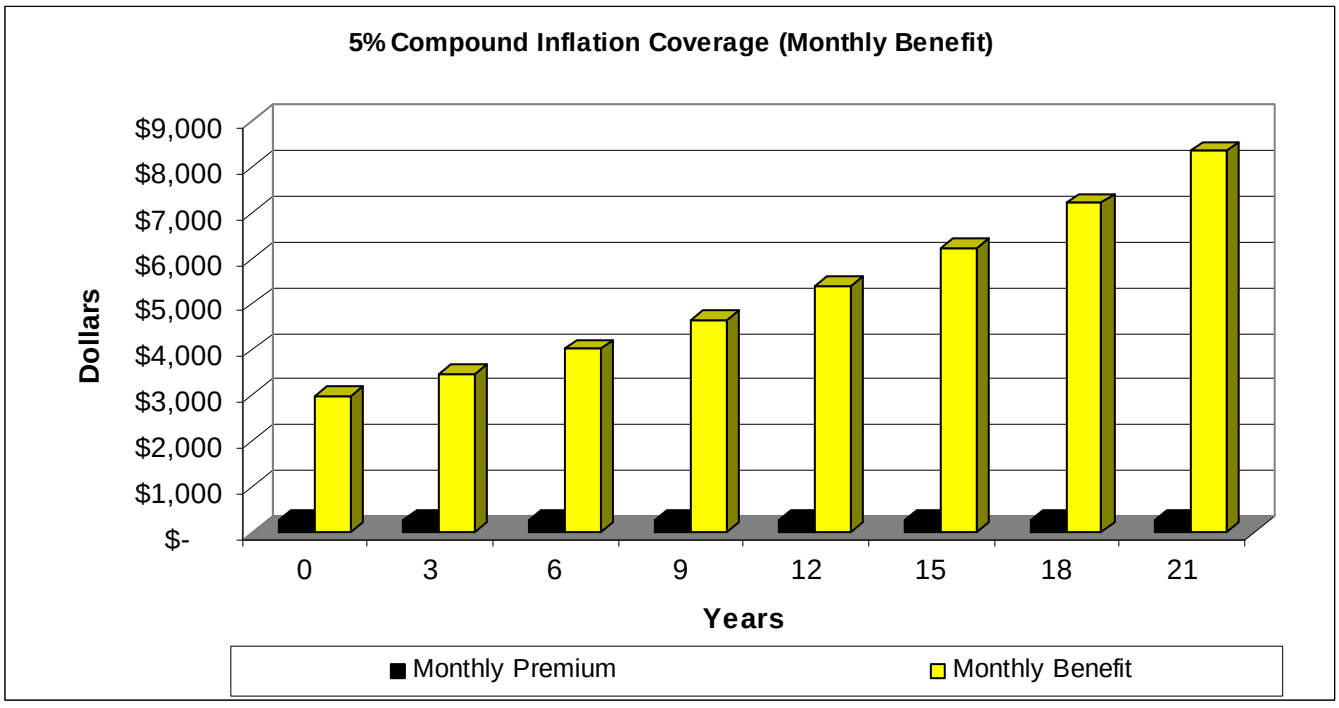
]

5% COMPOUND INFLATION COVERAGE.

Your Long-Term Care Benefit Amount will increase by an amount equal to 5% of the Long-Term Care Benefit Amount in effect during the prior Policy year. The annual increase is automatic and will occur on each Policy anniversary. The premium for 5% Compound Inflation Coverage is included in the Policy premium. Your premium will not change, except as described in the Policy.

The graphs below show the change in the daily or monthly Benefit Amount and the monthly premium under 5% Compound Inflation Coverage. The graphs illustrate a policy which has been issued to a person who is age 60 and has chosen a monthly Long-Term Care Benefit Amount of $3,000 or daily Long-Term Care Benefit Amount of $100, and a 4-year Benefit Period.

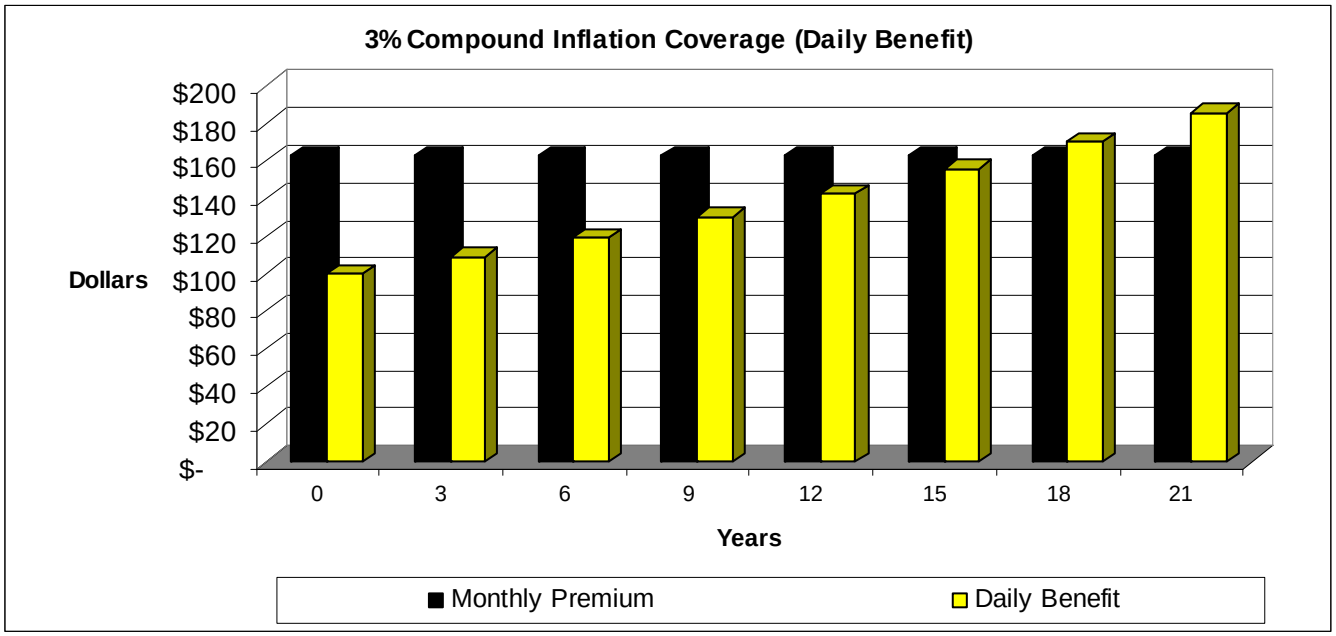


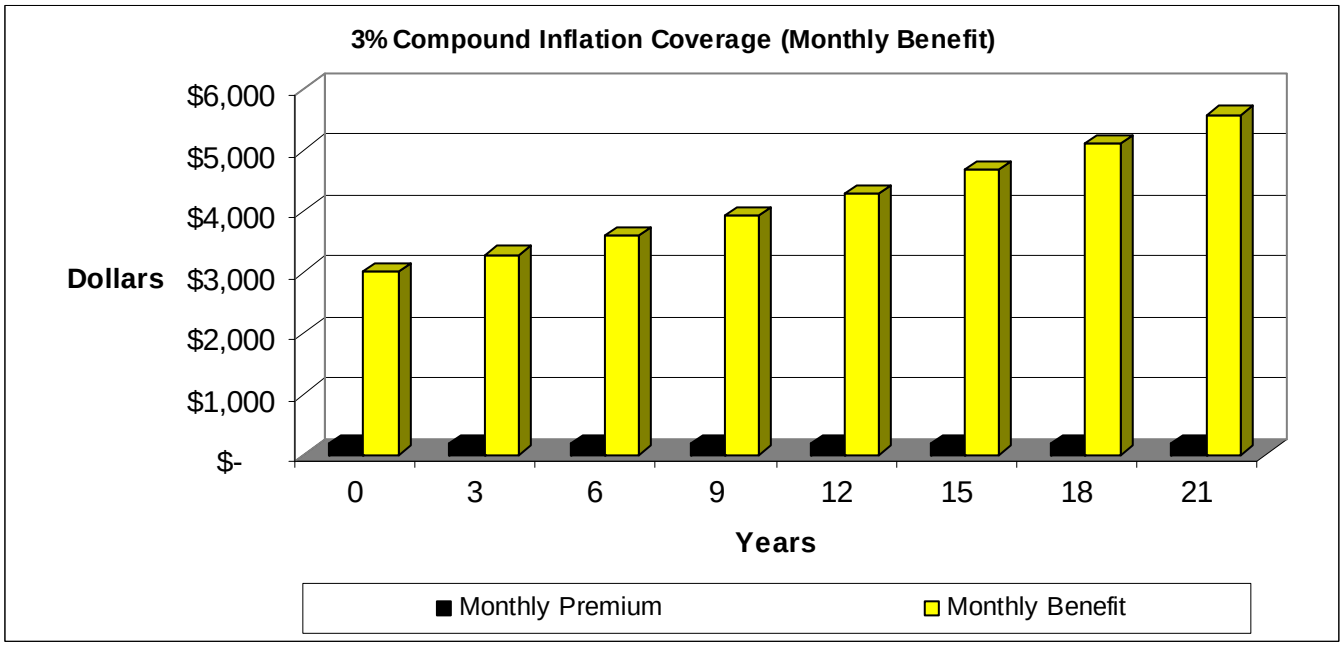


[3% COMPOUND INFLATION COVERAGE.

Your Long-Term Care Benefit Amount will increase by an amount equal to 3% of the Long-Term Care Benefit Amount in effect during the prior Policy year. The annual increase is automatic and will occur on each Policy anniversary. The premium for 3% Compound Inflation Coverage is included in the Policy premium. Your premium will not change, except as described in the Policy.

The graphs below show the change in the daily or monthly Benefit Amount and the monthly premium under 3% Compound Inflation Coverage. The graphs illustrate a policy which has been issued to a person who is age 60 and has chosen a monthly Long-Term Care Benefit Amount of $3,000 or daily Long-Term Care Benefit Amount of $100, and a 4-year Benefit Period.





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[GUARANTEED PURCHASE OPTION.

Important Notice The Guaranteed Purchase Option is not available to You if You are paying Your premium via the Twenty-Year Premium Payment Option or the Paid to Age 75 Payment Option or if You purchased the Survivorship and Waiver of Premium Benefit.

As of the third anniversary of the Effective Date of Coverage and every third anniversary thereafter (the Option Dates) through age 75, You will be provided with the opportunity to increase Your Long-Term Care Benefit Amount in an amount equal to 10% of the current Long-Term Care Benefit Amount. .

The premium for any increase will be based on attained age and the premium rates then in effect. No additional underwriting will be required.

No offers will be made if You were a Chronically Ill Individual within the past 2 years prior to the Option Date or if the Option Date occurs on or after Your 76th birthday.

If You do not elect an increase when offered, that increase will not be available on any future date. You will, however, still have the opportunity to accept future offers unless You decline the offer two times. After You decline the offer of an optional increase on any two Option Dates, no future offers will be available to You. However, You may request to resume such offers by making the request to Us in writing and provide evidence of insurability satisfactory to Us. Any resumed offers will be subject to all conditions of this Endorsement.

One-Time Offer to Switch to CPI Compound Inflation Coverage On Your 65th Birthday:

We will make You a one-time written offer on Your Policy anniversary which falls on or after Your 65th birthday to switch Your Guaranteed Purchase Option to CPI Compound Inflation Coverage.

This offer will be available to You for a period of 60 days. Your premium will be equal to the difference between the premium for CPI Compound Inflation Coverage and Your Guaranteed Purchase Option coverage at your attained age for Your then current benefits.

If You are eligible for a Guaranteed Purchase offer immediately prior to You being eligible to switch to CPI Compound Inflation Coverage, You may elect such offer and then switch to CPI Compound Inflation Coverage.

The offer to switch Your Guarantee Purchase Option to CPI Compound Inflation will not be available to You (and, if requested, will not take effect) if You were a Chronically Ill Individual during the two year period prior to the date this offer is made to You.

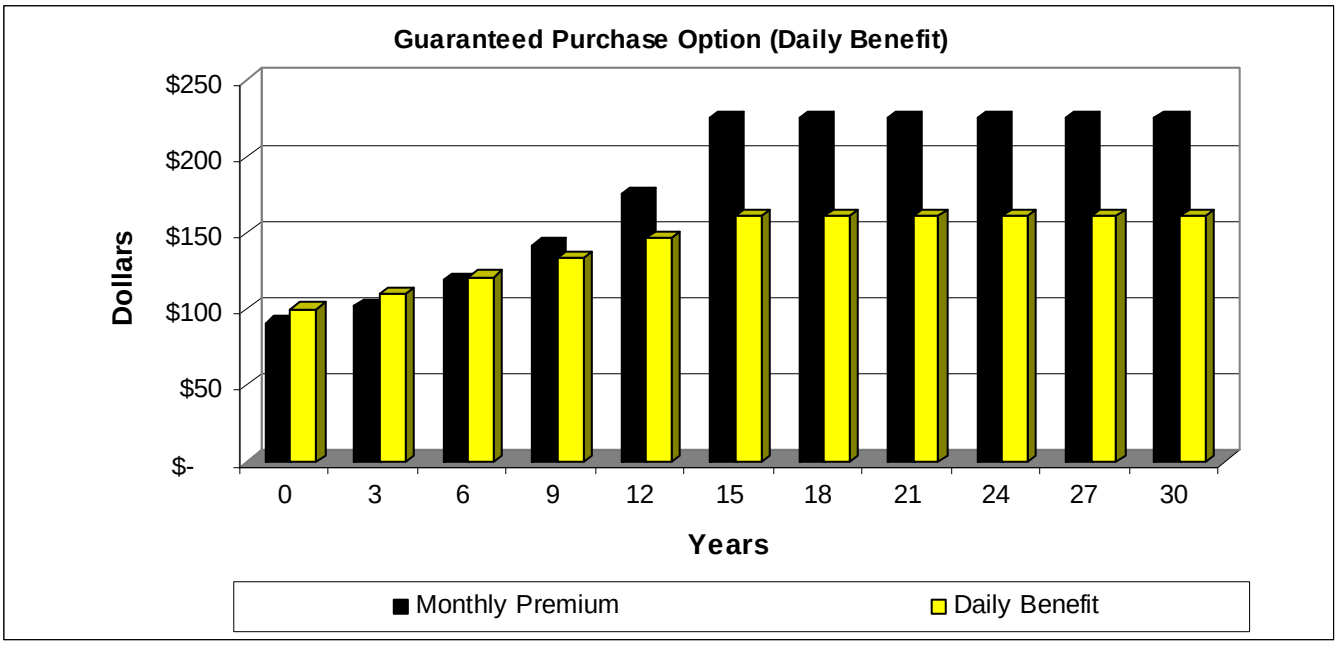
If You elect to switch to CPI Compound Inflation Coverage, You will not receive any future Guaranteed Purchase Option offers.

Guaranteed Purchase Option, continued.

The graphs below show the change in the daily or monthly Long-Term Care Benefit Amount and the monthly premium if You elect all increases available to You.

The graphs illustrate a policy which has been issued to a person who is age 60 and has chosen a monthly Long-Term Care Benefit Amount of $3,000 or daily Long-Term Care Benefit Amount of $100, and a 4-year Benefit Period. Assume the person has elected the increase on each Option Date.

(Assume that You did not elect the one-time offer to switch Your coverage to CPI Compound Inflation Coverage.)



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SERFF Tracking Number:	*MULF-128202460*	*State:*	*Arkansas*
Filing Company:	*John Hancock Life Insurance Company (USA)*	*State Tracking Number:*	
Company Tracking Number:	*CCIII FEATURING BENEFIT BUILDER*		
TOI:	*LTC03I Individual Long Term Care*	*Sub-TOI:*	*LTC03I.001 Qualified*
Product Name:	*Long-Term Care Insurance*		
Project Name/Number:	*CCIII featuring Benefit Builder/*		

Rate Information

Rate data applies to filing.

Filing Method:	SERFF
Rate Change Type:	Neutral
Overall Percentage of Last Rate Revision:	%
Effective Date of Last Rate Revision:	
Filing Method of Last Filing:	

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
John Hancock Life Insurance Company (USA)	%	%				%	%

SERFF Tracking Number:	*MULF-128202460*	*State:*	*Arkansas*
Filing Company:	*John Hancock Life Insurance Company (USA)*	*State Tracking Number:*	
Company Tracking Number:	*CCIII FEATURING BENEFIT BUILDER*		
TOI:	*LTC03I Individual Long Term Care*	*Sub-TOI:*	*LTC03I.001 Qualified*
Product Name:	*Long-Term Care Insurance*		
Project Name/Number:	*CCIII featuring Benefit Builder/*		

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:*	Rate Action Information:	Attachments
Approved 06/27/2012	Actuarial Memo	LTC-11 AR	New		AR LTC-11 Actuarial Memorandum Benefit Builder 6.13.12.pdf BB Net Single Premiums.pdf

SERFF Tracking Number:	*MULF-128202460*	*State:*	*Arkansas*
Filing Company:	*John Hancock Life Insurance Company (USA)*	*State Tracking Number:*	
Company Tracking Number:	*CCIII FEATURING BENEFIT BUILDER*		
TOI:	*LTC03I Individual Long Term Care*	*Sub-TOI:*	*LTC03I.001 Qualified*
Product Name:	*Long-Term Care Insurance*		
Project Name/Number:	*CCIII featuring Benefit Builder/*		

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved	04/12/2012

Comments:

Attachment:

CERTIFICATION OF READABILITY revised.pdf

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved	04/12/2012

Bypass Reason: The application has been submitted for review and approval and is found on the Form Schedule tab

Comments:

This application has been submitted for review under this filing and is found on the Form Schedule tab

		Item Status:	Status Date:
Satisfied - Item:	Health - Actuarial Justification	Approved	06/27/2012

Comments:

Attachments:

BB Net Single Premiums.pdf

AR LTC-11 Actuarial Memorandum Benefit Builder 6.13.12.pdf

AR LTC-11 Actuarial Memorandum Benefit Builder 6.13.12. redlined.pdf

		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage	Approved	04/12/2012

Bypass Reason: The Outline of Coverage has been submitted for review and approval and is found on the Form Schedule tab.

Comments:

Please note this outline of coverage has been submitted under file MULF-128206502 for review and approval.

Attachment:

OCLTC11 AR.pdf

SERFF Tracking Number:	*MULF-128202460*	*State:*	*Arkansas*
Filing Company:	*John Hancock Life Insurance Company (USA)*	*State Tracking Number:*	
Company Tracking Number:	*CCIII FEATURING BENEFIT BUILDER*		
TOI:	*LTC03I Individual Long Term Care*	*Sub-TOI:*	*LTC03I.001 Qualified*
Product Name:	*Long-Term Care Insurance*		
Project Name/Number:	*CCIII featuring Benefit Builder/*		

		Item Status:	**Status Date:**
Satisfied - Item:	Cover Letter	Approved	04/12/2012

Comments:

Attachment:

AR Benefit Builder Cover letter revised.pdf

		Item Status:	**Status Date:**
Satisfied - Item:	Statement of Variability	Approved	04/18/2012

Comments:

Attachments:

AR Reconsider Application Statement of Variability.pdf
AR Policy SOV.pdf
AR Variability Statement LTC Apps.pdf

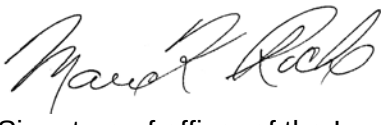
CERTIFICATION OF READABILITY
State of Arkansas

Policy Form	**LTC-11 AR**
LTC-11 AR Associated Riders/Endorsements	
Benefit Builder	LTC-BLD/GIO
Waiver of the Elimination Period for Hospice Care Benefit Endorsement	LTC-HOSP 7/12
Waiver of the Home Health Care Elimination Period Benefit Rider	LTC-WEP 7/12
Application	
Reconsideration Application	LTC-INC12 AR
Application	LTC-APP12 AR
Outline of Coverage	OCLTC11 AR 7/12

I certify that to the best of my knowledge and belief, the above-referenced form(s) meet or exceed the readability, legibility, and format requirements of any applicable laws and regulations in the state of Arkansas

4/10/12
Date

Marie Roche, Assistant Vice President
Name and title of officer of the Issuer



Signature of officer of the Issuer

Outline of Coverage

Long-Term Care Insurance
Outline Of Coverage – [Custom Care III]
Policy Series LTC-11 AR

John Hancock Life Insurance Company (U.S.A.)

[LTC Administrative Office
[1 John Hancock Way, Suite 1700, Boston MA 02217-1700]

CAUTION: The issuance of this long-term care insurance Policy is based upon Your responses to the questions on Your application. A copy of Your application is enclosed. If Your answers are incorrect or untrue, the company has the right to deny benefits or rescind Your Policy. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of Your answers are incorrect, contact the company at this address: John Hancock Life Insurance Company (U.S.A.), [LTC Administrative Office, 1 John Hancock Way, Suite 1700, Boston MA 02217-1700] or call Us at [1-800-377-7311].

NOTICE TO BUYER: This Policy may not cover all of the costs associated with long-term care incurred by You during the period of coverage. You are advised to review carefully all Policy limitations.

1. This Policy is an individual policy of insurance.

2. PURPOSE OF OUTLINE OF COVERAGE.

   This Outline of Coverage provides a very brief description of the important features of this Policy. You should compare this Outline of Coverage to outlines of coverage for other policies available to You. This is not an insurance contract, but only a summary of coverage. Only the individual Policy contains governing contractual provisions. This means that the Policy sets forth in detail the rights and obligations of both You and the insurance company. Therefore, if You purchase this coverage, or any other coverage, it is important that You READ YOUR POLICY CAREFULLY!

3. FEDERAL TAX CONSEQUENCES.

   This Policy is intended to be a qualified long-term care contract under Section 7702B(b) of the Internal Revenue Code of 1986, as amended.

   Long-term care insurance was granted favorable federal income tax treatment in the Health Insurance Portability and Accountability Act of 1996. Policies meeting certain criteria outlined in this Act are eligible for this treatment. To the best of Our knowledge, We have designed this Policy to meet the requirements of this law. If, in the future, it is determined that this Policy does not meet these requirements, We will make every reasonable effort to amend the Policy if We are required to do so in order to gain such favorable federal income tax treatment. We will offer you an opportunity to receive these amendments.

4. TERMS UNDER WHICH THE POLICY MAY BE CONTINUED IN FORCE OR DISCONTINUED

   (a) RENEWABILITY: THIS POLICY IS GUARANTEED RENEWABLE. PREMIUMS ARE NOT GUARANTEED TO REMAIN UNCHANGED.

   This means You have the right, subject to the terms of Your Policy to continue this Policy as long as You pay Your premiums on time. John Hancock cannot change any of the terms of Your Policy on its own, except that, in the future, IT MAY INCREASE THE PREMIUM YOU PAY.

   (b) WAIVER OF PREMIUM.

   We will waive the payment of premiums under this Policy if You have received services for which benefits are payable under the Long-Term Care Benefit. The waiver period will start the day after Your Elimination Period has been satisfied and will end on the date when benefits are no longer payable. The premium will not be waived, however, if benefits are only being received under the Stay at Home Benefit or Care Advisory Services Benefit, or the Alternate Services Benefit.

5. TERMS UNDER WHICH THE COMPANY MAY CHANGE PREMIUMS.

PREMIUMS ARE NOT GUARANTEED TO REMAIN UNCHANGED. We reserve the right to increase Your premium as of any premium due date; however, any changes in premium rates must apply to all similar policies issued in Your state on this Policy form. In addition, premium rates cannot be raised more frequently than once in every twelve month period. This means We cannot single You out for an increase because of Your advancing age, declining health, claim status or for any other reason related solely to you. However, Your rates may go up based on the experience of all policyholders with a policy similar to Yours. We will give You at least 60 days written notice before We change premiums.

6. TERMS UNDER WHICH THE POLICY MAY BE RETURNED AND PREMIUMS REFUNDED

(a) THIRTY DAY FREE LOOK.

If You are not completely satisfied with this Policy for any reason, You may return it within 30 days from the date it was delivered to You. We will refund any premium paid within 30 days of the return, and the Policy will be treated as if it had never been issued.

(b) REFUND OF UNEARNED PREMIUMS.

Upon receipt of notice that You have died, We will refund the premium paid for any period beyond the date of death. Upon receipt of notice that You have cancelled this Policy, We will promptly refund the pro rata portion of the unused collected premium

7. THIS IS NOT A MEDICARE SUPPLEMENT POLICY.

If You are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from John Hancock. Neither John Hancock Life Insurance Company (U.S.A.) nor its agents represent Medicare, the federal government or any state government.

8. LONG-TERM CARE COVERAGE.

Policies of this category are designed to provide coverage for one or more necessary, preventative, therapeutic, rehabilitative, maintenance, or personal care services, provided in a setting other than an acute care unit of a hospital, such as in a Nursing Home, in the community, or in the home.

This Policy provides coverage for actual charges incurred for care up to the applicable Benefit Amount for covered long-term care expenses, subject to Policy limitations and requirements.

9. BENEFITS PROVIDED BY THIS POLICY

Benefit Limits Selected:

Long-Term Care Benefit Amount $_____ *(You may elect a monthly or daily option.)*

Benefit Period/Policy Limit _____

Elimination Period _____ days

Benefit Increase Option Selected _____

Optional Benefits Selected _____

_____

Important Note: You may choose either a monthly or daily Long-Term Care Benefit Amount. This choice is important as other Policy benefits are dependent upon this choice. We will provide You with information on how a choice of a monthly or daily Long-Term Care Benefit Amount will impact Policy benefits.

(a) Long-Term Care Benefit.

Subject to Policy requirements and limitations, this Policy provides coverage for actual charges up to the Long-Term Care Benefit Amount incurred by:

- Your confinement in a Nursing Home or Assisted Living Facility for Your room, board and care services (such care services being Nursing Care and Custodial Care);
- Home Health Care (including incidental homemaker services), , or
- attendance at an Adult Day Care Center providing Adult Day Care.

Any unused portion of Your Long-Term Care Benefit Amount will remain in the Policy Limit. Any benefit paid under this provision will reduce Your Policy Limit.

We will not pay benefits for charges during the Elimination Period, except for Care Advisory Services, Hospice Care not reimbursable under Medicare, and the Additional Stay at Home Benefit. Elimination Period (waiting period) means the number of Dates of Service that would otherwise be covered by this Policy, for which We will not pay benefits.

Only one complete Elimination Period needs to be satisfied while Your Policy is in force.

The Elimination Period starts on the first Date of Service. A Date of Service will only count toward Your Elimination Period if You have been certified by a Licensed Health Care Practitioner as a Chronically Ill Individual.

For purposes of Home Health Care only, a Date of Service will only count toward Your Elimination Period if You have received at least 2-hours of covered care on that date and such care is not primarily Incidental Homemaker Services.

No Date of Service may be counted as more than one day towards the satisfaction of Your Elimination Period. The Dates of Service used to satisfy Your Elimination Period do not need to be consecutive and may be accumulated under separate claims.

Limited Benefit for Independent Home Care Providers

In the event a Home Health Agency is not available within a 40-mile radius of Your Home, We will pay the actual charges incurred by You for Home Health Care in Your Home provided by an Independent Home Health Care Provider up to 75% of the Long-Term Care Benefit Amount.

Bedhold Benefit

If Your stay in a Nursing Home or Assisted Living Facility is interrupted for any reason and a benefit is payable under this Policy, We will continue to pay the actual charges for up to 60-days in any calendar year in order to reserve Your bed during Your absence.

(b) Additional Benefits

- Care Advisory Services Benefit.

  We will pay the Care Advisory Services Benefit up to the Care Advisory Services Benefit. This benefit is equal to 1/3 of the Long-Term Care Benefit Amount if the monthly option is chosen or 10-times the Long-Term Care Benefit Amount if the daily option is chosen.

  Care Advisory Services include: an assessment of the need for long-term care services; the development of a plan of care that is consistent with the assessment; coordination of the delivery of care and services; and monitoring the care and services delivered. You must meet the eligibility requirements in the Policy.

  You do not have to satisfy the Elimination Period to receive this benefit. Benefits paid under the Care Advisory Services Benefit do not reduce the Policy Limit.

- Additional Stay at Home Benefit.

  The Stay at Home Benefit can be used to pay for a variety of Your long-term care expenses while You are living in Your Home that are not otherwise covered under the Policy. Stay at Home Services include:

  - Home Modifications;
  - Emergency Medical Response Systems;
  - Durable Medical Equipment;
  - Caregiver Training;
  - Home Safety Check; and
  - Provider Care Check.

  The Additional Stay at Home Lifetime Benefit Amount is equal to 1-times the Long-Term Care Benefit Amount if the monthly option is chosen or 30-times the Long-Term Care Benefit Amount if the daily option is chosen.

  Benefits paid under the Additional Stay at Home Benefit will not reduce the Policy Limit. You do not have to satisfy the Elimination Period to receive benefits under the Additional Stay at Home Benefit.

  The days for which You receive only the Additional Stay at Home Benefit do not count toward the Elimination Period. You may receive benefits under the Long-Term Care Benefit and/or Care Advisory Services Benefit while receiving benefits under the Additional Stay at Home Benefit.

- Alternate Services Benefit.

  The Alternate Services Benefit allows You to use Your Policy's benefits to cover long-term care services not expressly covered by the Policy. Such services must be less expensive than the amount We would otherwise pay for such long term care services. The Alternate Plan of Care as well as the benefit levels to be payable, must be agreed upon by You and Us.

- Return of Premium upon Death Benefit.

  Important Notice - The Return of Premium Benefit is not applicable to You if You are age 65 or older.

  If You die before Your 65th birthday, We will pay to Your beneficiary a Return of Premium upon Death Benefit if Your Policy is in force on the date of Your death. The Return of Premium upon Death Benefit will be calculated by subtracting the sum of all benefits paid under Your Policy for charges incurred prior to the date of Your death from the sum of all premiums paid for Your Policy (accumulated without interest).

  Important Notice Regarding Federal Income Tax Law – Please note that the payment of the Return of Premium Benefit may have Federal Income Tax implications for Your estate or beneficiary. You are advised to review this benefit with a qualified tax professional or attorney to determine any such tax impact.

- Double Coverage for Accident Benefit.

  (This benefit will only be included in the Policy if You: have met Our underwriting guidelines for this benefit; and are under age 65 at the time of an Accidental Injury.)

  If You become eligible for benefits under this Policy due to an Accidental Injury prior to Your 65th birthday, We will pay the actual charges incurred by You for Long-Term Care Services up to the Double Coverage for Accident Benefit Amount. The Double Coverage for Accident Benefit Amount is equal to 2-times the Long-Term Care Benefit Amount. Benefits paid in excess of the Long-Term Care Benefit Amount will ***not*** be deducted from the Policy Limit.

  We will never pay more than the actual charges You incur for care and services covered by this Policy. Payment of the Double Coverage for Accident Benefit will begin only after You have satisfied Your Elimination Period.

  Benefits payable under the Double Coverage for Accident Benefit will terminate when You are no longer a Chronically Ill Individual. If You suffer an additional loss or condition after You recover from an Accidental Injury, but that loss or condition does not result primarily from an Accidental Injury, You will not qualify for payment of the Double Coverage for Accident Benefit.

(c) Eligibility for Payment of Benefits.

You are eligible for benefits under this Policy if You are a Chronically Ill Individual. You are a Chronically Ill Individual if:

- are unable to perform without Substantial Assistance from another individual at least two Activities of Daily Living due to the loss of functional capacity for a period expected to last at least 90 days; or
- You require substantial supervision to protect Yourself from threats to health and safety due to the presence of a Cognitive Impairment.

Activities of Daily Living mean the following activities: bathing, continence, dressing, eating, toileting, and transferring.

Cognitive Impairment means a deficiency in a person's short-term or long-term memory; orientation as to person, place, and time; deductive or abstract reasoning; or judgment as it relates to safety awareness.

(d) Conditions.

To receive benefits under this Policy:

- Your Elimination Period must have been satisfied;
- You must receive covered care or services while this Policy is in effect;
- You must receive care or services that are consistent with and specified in Your Plan of Care; and
- We must receive a current Plan of Care and written Proof of Loss, both of which are acceptable to Us.

Because this Policy is intended to be tax-qualified under federal law, a written Certification from a Licensed Health Care Practitioner that You are a Chronically Ill Individual is required.

This written certification must be renewed and submitted to Us every 12 months.

(e) Optional Benefits.

You may elect any of the optional benefits listed. You must pay an additional premium for any of the optional benefits elected.

- [SharedCare.

  The SharedCare Rider allows Your Partner to access benefits under Your Policy if Your Partner first exhausts the available benefits payable under his or her policy. You and Your Partner may both receive benefits under Your Policy at the same time. In no event will We pay benefits that exceed the maximum Policy Limits of both policies combined. Your Partner must also have added an identical SharedCare Benefit Rider to his/her policy naming You as Covered Person for that policy.

- Survivorship and Waiver of Premium Benefit.

  The Survivorship and Waiver of Premium Benefit rider provides that Your premiums will be waived in the event Your Partner dies or goes on claim after both policies have been inforce for at least 10 years and no claims were payable in the first 10 years. Payments will resume if Your Partner's premiums are no longer waived or Your Partner's policy terminates.

- Waiver of the Elimination Period for Home Care.

  We will waive the requirement that you satisfy the Elimination Period if You are receiving Home Health Care, or Adult Day Care. The Elimination Period must still be satisfied before benefits are payable under Long-Term Care Benefit for confinement in a Nursing Home or an Assisted Living Facility. However, days which the Home Health Care Elimination Period is waived will count toward meeting the facility Elimination Period.

- Additional Cash Benefit.

  In addition to the monthly or daily benefits, this rider will provide a cash indemnity in order to help You stay at home. No benefit is payable in any month if You are confined in a Nursing Home or Assisted Living Facility at least one day during the calendar month. The Additional Cash Benefit Amount is equal to 15% of the Long Term Care Benefit Amount (if You elect the monthly option) or 4.5 times the Long-Term Care Benefit Amount (if You elect the daily option). A benefit paid under the Additional Cash Benefit will not reduce the Policy Limit. Payment of the Additional Cash Benefit Amount will begin only after You have satisfied Your Elimination Period.

  Important Notice Regarding Federal Income Tax Law in the Event You Elected a Long-Term Care Benefit Amount in Excess in Excess of Per Diem Limitation

  Benefits paid under the Additional Cash Benefit are subject to certain aggregation rules under the Internal Revenue Code Section 7702B for purposes of Federal Income Tax calculation. This means that Monthly Cash Benefits will be aggregated with other benefits paid for You under the Policy. In the event that total payments exceed the "Per Diem Limitation" for that period, any benefits paid in excess of such limitation are includable in gross income. You are advised to review this benefit with a qualified tax professional or attorney to determine any such tax impact.]

- Nonforfeiture Benefit.

  If Your Policy lapses because You have not paid the premium within the Grace Period, after being in force at least three years (or one-year if You elect a limited pay option), it will remain in force with a reduced policy limit equal to the sum of the premiums You have paid.

  In the event that You do not elect the Nonforfeiture Benefit, Your Policy will contain the Contingent Nonforfeiture Benefit provision.

  The Contingent Nonforfeiture Benefit provides that in the event We increase rates by more than a specified amount shown in the Contingent Nonforfeiture provision, We will provide You with the opportunity to: pay the increased premium, decrease Your benefits to a level supported by Your current premium, or elect the Contingent Nonforfeiture Benefit. Under the Contingent Nonforfeiture Benefit, Your Policy will remain in force with a reduced policy limit equal to the sum of the premiums You have paid. This means that a reduced benefit will be payable instead of the full Policy Limit.

10. LIMITATIONS AND EXCLUSIONS

In addition to the Conditions to qualify for benefits set forth above, the following limitations and exclusions apply to the Policy.

(a) Exclusions.

This Policy does not cover care, treatment or charges:

- for intentionally self-inflicted injury.
- required as a result of alcoholism, alcohol abuse, or drug addiction (unless drug addiction was a result of the administration of drugs as part of treatment by a Physician).
- due to war (declared or undeclared) or any act of war, or service in any of the armed forces or auxiliary units.
- due to participation in a felony, riot or insurrection.
- normally not made in the absence of insurance.
- provided by a member of Your Immediate Family, unless:
  - the family member is one of the following professionals -- a duly licensed registered nurse, licensed vocational nurse, licensed practical nurse, physical therapist, occupational therapist, speech therapist, respiratory therapist, licensed social worker, or registered dietitian; and
  - the family member is a regular employee of a Nursing Home, Assisted Living Facility, Home Health Care Agency or Adult Day Care Center which is providing the services;
  - the organization receives the payment for the services; and
  - the family member receives no compensation other than the normal compensation for employees in his or her job category.
- provided outside the fifty United States and the District of Columbia except as described in the International Coverage section of this Policy.

(b) Non-Duplication of Benefits.

This Policy will only pay covered charges in excess of charges covered under any of the following:

- Medicare (including amounts not reimbursable by Medicare such as a Medicare deductible or coinsurance amounts). This means that this Policy does not pay for Your Medicare deductibles or coinsurance.
- any other governmental program (except Medicaid).
- any workers' compensation law, employer's liability or occupational disease law, or any motor vehicle no-fault law.

(c) Charges not Covered.

We will not pay for any of the following: Physician's charges; hospital and laboratory charges; prescription or non-prescription medication; medical supplies; durable medical equipment (except as described in the Additional Stay at Home Benefit) and shipping charges for such equipment; any transportation or mileage charge; items and services furnished at Your request for beautification, comfort, convenience or entertainment; room and board charges for independent living quarters in a continuing care retirement community or similar entity; any type of residential upkeep, construction, renovation, or home maintenance (such as painting or plumbing); lawn/yard care; snow removal; or vehicle or equipment upkeep; and charges for care or services which are not included in and/or are inconsistent with Your Plan of Care.

(d) Limitations

We will not pay benefits in excess of the Policy Limit except for the Additional Stay at Home Benefit and Care Advisory Services. We will not pay benefits for charges during the Elimination Period except for the Additional Stay at Home Benefit, Hospice Care not reimbursable under Medicare, and Care Advisory Services. We will only pay benefits for services specified in the Plan of Care. We will determine services under the Plan of Care for which benefits are payable, and the amount of such benefits, which shall not exceed charges normally made for similar care, services or other items in the locality where they are received.

THIS POLICY MAY NOT COVER ALL THE EXPENSES ASSOCIATED WITH YOUR LONG-TERM CARE NEEDS.

11. RELATIONSHIP OF COST OF CARE AND BENEFITS

Because the costs of long-term care services will likely increase over time, You should consider whether and how the benefits of this Policy may be adjusted. The benefit level(s) of this Policy will not increase over time, unless You have elected to purchase Inflation Coverage. You are guaranteed the option to buy Inflation Coverage.

The Policy contains the option to purchase: [CPI Compound Inflation Coverage; CPI Compound Inflation Coverage Through Age 75; Benefit Builder;] 5% Compound Inflation Coverage[; 3% Compound Inflation Coverage; or a Guaranteed Purchase Option]. These options are described at the end of this Outline of Coverage.

12. ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN DISORDERS

We cover brain disorders with demonstrable organic cause (including Alzheimer's Disease and similar forms of senility and irreversible dementia) that result in a Cognitive Impairment which are diagnosed by a Physician after the Effective Date of Coverage.

13. PREMIUMS

The total premium for Your Policy as well as a breakdown of the premium by base policy and optional benefits are found below.

Annual Premium

Base Policy (includes inflation, if any)	$_____
• [SharedCare	$_____
• Survivorship-Waiver of Premium Benefit	$_____
• Waiver of the Elimination Period For Home Care	$_____
• Additional Cash Benefit	$_____
• Nonforfeiture	$_____
Total Annual Premium	$_____

Your premium will be $ _____ on a _____ basis.**]

** You may elect to pay Your premium on an annual, semi-annual, quarterly or monthly basis. Please note that the more often you pay, the higher your premium amount will be per year. Additional premium charges are included for semi-annual, quarterly, and monthly premiums. These charges are called "modal fees". These fees are based upon the following modal factors and are used to determine the premium amount for all payment options. The modal factors are 1.00 for annual, .52 for semi-annual, .27 for quarterly and .09 for monthly.

To calculate Your approximate total annual premium payment based on Your current policy selection:

- Multiply the "Total Annual Premium" as shown in the box above by the factor associated with Your selected mode of payment, and then
- Multiply that result by the number of payments required in a year based upon Your selected payment mode.

14. ADDITIONAL FEATURES

(a) Issuance of Your coverage will depend upon certain medical information about You. This is generally known as medical underwriting.

(b) This Policy provides added protection against lapse. You may name another person on the application to receive a termination notice 30 days after the premium due date. If Your Policy terminates because You did not pay a premium while You would meet the eligibility requirements for the payment of benefits, it may be reinstated within 5 months of the date of termination if:

- You give Us proof of the Cognitive Impairment or Your inability to perform 2 of the Activities of Daily Living without Substantial Assistance; and
- You pay all the unpaid overdue premiums.

(c) This Policy includes an International Coverage Benefit. The International Coverage Benefit provides that we will pay actual charges incurred for covered Long-Term Care Services up to the International Coverage Benefit for care received outside the United States.

The International Coverage Benefit will not be paid in excess of an amount equal to:

- 365-times the Long-Term Care Benefit Amount if You elected the daily Benefit Amount option; or
- 12-times the Long-Term Care Benefit Amount if You elected the monthly Benefit Amount option.

No benefits under the International Coverage Benefit are payable for: the Additional Stay at Home Benefit, the Double Coverage for Accident Benefit (if included in Your Policy); Care Advisory Services; or the Limited Benefit for Independent Home Care Providers.

15. CONTACT THE STATE AGENCY LISTED IN *A SHOPPER'S GUIDE TO LONG-TERM CARE INSURANCE* IF YOU HAVE GENERAL QUESTIONS REGARDING LONG-TERM CARE INSURANCE. CONTACT THE INSURANCE COMPANY IF YOU HAVE SPECIFIC QUESTIONS REGARDING YOUR LONG-TERM CARE INSURANCE POLICY OR CERTIFICATE.

INFLATION PROTECTION AVAILABLE FOR YOUR LONG-TERM CARE INSURANCE POLICY

[BENEFIT BUILDER

Benefit Builder allows You to increase Your Policy benefits over time by way of Automatic Crediting and the Buy-Up Option.

- Automatic Crediting allows Your Policy benefits to grow gradually over time with no corresponding increase in premium, by using Excess Earnings Credits, if any, to automatically increase Your benefits.
- The Buy-Up Option provides You with the opportunity to elect to increase Your Policy benefits for an additional premium every three years.

Please note the following terms:

- Allocated Reserve Value refers to the portion of assets attributed to Your Policy in the Portfolio. Allocated Reserve Values are related to the amount of premiums that have been paid into the Policy plus investment earnings less expenses and past expected claims. The Allocated Reserve Value will be re-determined on each Policy Anniversary to account for the impact from benefit changes and/or benefit additions. In the event of a future inforce rate increase on this Policy, the Allocated Reserve Value will not change.

- The Annual Benefit Increase Amount is equal to the Excess Earnings Credit divided by a single premium rate then in effect and on file with the applicable regulator. In the event of a future inforce rate increase on this Policy the single premium rate applied to new Excess Earnings Credits will be revised to reflect updated assumptions, subject to approval by the applicable regulator.

- The Excess Earnings Credit is determined on each Policy Anniversary and is based upon the following formula:

  ((Portfolio Rate of Return in effect as of the current Policy Anniversary – 3%)
  times the Allocated Reserve Value as of the current Policy Anniversary)
  minus any adjustment for negative Excess Earnings Credits occurring in prior years.

- Portfolio means the subset of Our general account that contains the assets which support the benefits for policies that include this Endorsement. The Portfolio may also support other policies with similar features and benefits as this Endorsement. The assets in the Portfolio may change over the life of a Policy. We have sole discretion over the assets of Our general account and policyholders do not have any preferential claim on those assets. We reserve the right to close the Portfolio to future applicants and establish a new Portfolio for such business.

- Portfolio Rate of Return means the annual rate of return (net of investment expenses) earned on the assets in the Portfolio. Returns are not guaranteed.

Automatic Crediting

We will calculate the Excess Earnings Credit on each Policy Anniversary. When the Excess Earnings Credit is a positive number, We will increase the current Long-Term Care Benefit Amount by the Annual Benefit Increase Amount. When the Long-Term Care Benefit Amount is increased, the remaining Policy Limit (as well as other remaining Benefit Amounts listed in the Policy Schedule) will be increased by the same percentage as the increase in the Long-Term Care Benefit Amount.

In the event the Excess Earnings Credit is less than or equal to zero, We will not reduce the Long-Term Care Benefit Amount by such decrease on the Policy Anniversary. However, We will offset any such decreases when calculating future Excess Earnings Credits. This means that there may be no benefit increases (or a reduced benefit increase) even in years where the Portfolio Rate of Return is greater than 3% until such time that the amount offset for all prior years has been recouped.

Important Notice - Allocated Reserve Values will grow over time as each year's premium is collected. Therefore, there will be little or no benefit increases in the early years of Your Policy. Automatic Crediting may not be sufficient to fully keep up with inflation.

Buy-Up Option

Important Notice: The Buy-Up Option is not applicable to You if You are paying Your premium via the Twenty-Year Premium Payment Option or the Paid up at Age 75 Payment Option or if You purchased the Survivorship and Waiver of Premium Benefit.

Option Dates

Subject to the limitations described below and starting as of the third anniversary of the Effective Date of Coverage and every third anniversary thereafter through age 75 (the "Option Dates"), We will offer You the option to increase Your Long-Term Care Benefit Amount by purchasing an additional amount of coverage equal to 10% of the current Long-Term Care Benefit Amount that was in effect immediately prior to that Option Date. As such, any Annual Benefit Increase Amount earned for that Policy Anniversary will not be included in the calculation of the Buy-Up Option. No additional underwriting will be required.

We must receive Your written election within 31-days after the applicable Option Date or Your right to elect that increase will expire.

When the Long-Term Care Benefit Amount is increased under the Buy-Up Option, the remaining Policy Limit (as well as any remaining Benefit Amounts listed in the Policy Schedule) will be increased by the same percentage as the increase in the Long-Term Care Benefit Amount and rounded to the nearest dollar.

Important Notice:

If your age on the Effective Date of Coverage is younger than 65: You will have the opportunity to accept Buy-Up Options through age 75. If you decline a Buy-Up Option, that increase will not be available on any future date. You will, however, still have an opportunity to accept future Buy-Up Options through age 75 as long as you have only declined one Buy-Up Option. If you decline two Buy-Up Options, no future offers will be made.

If your age on the Effective Date of Coverage is 65 or older: You will have the opportunity to accept Buy-Up Options through age 75 only if You accepted each prior offer. If You decline any Buy-Up Option, no future offers will be available to You.

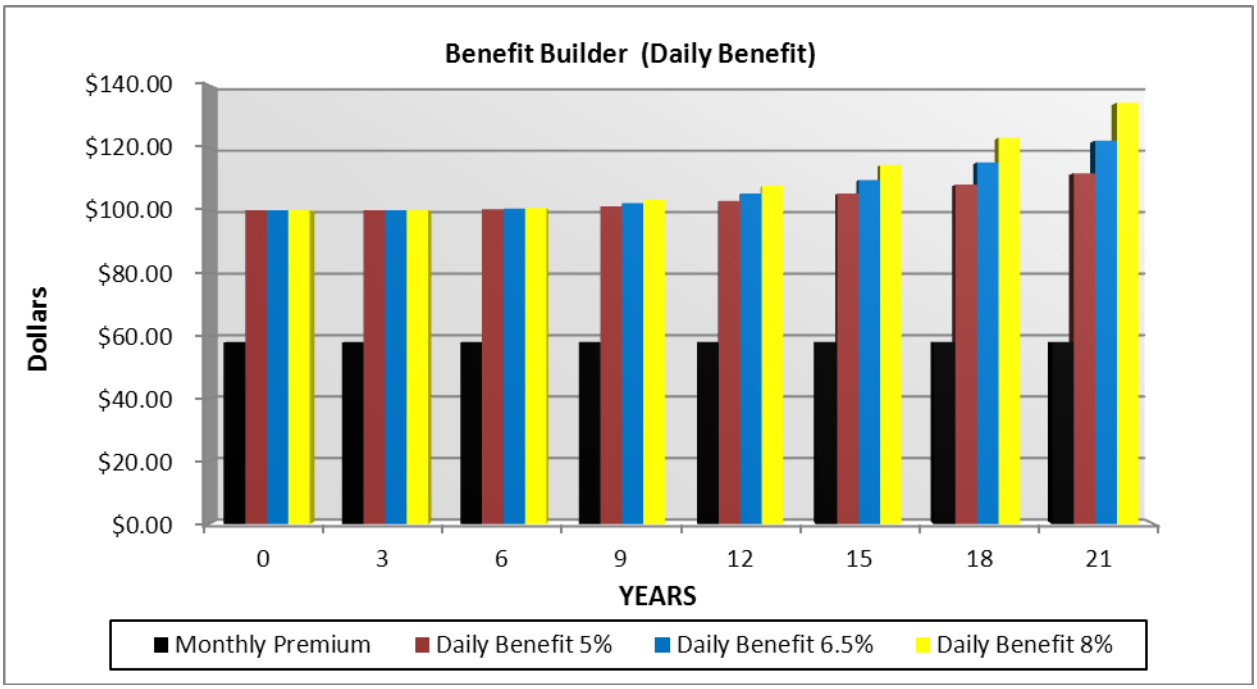
However, You may request to resume such offers by making the request to Us in writing and provide evidence of insurability satisfactory to Us. Any resumed offers will be subject to all of the conditions of this Endorsement.

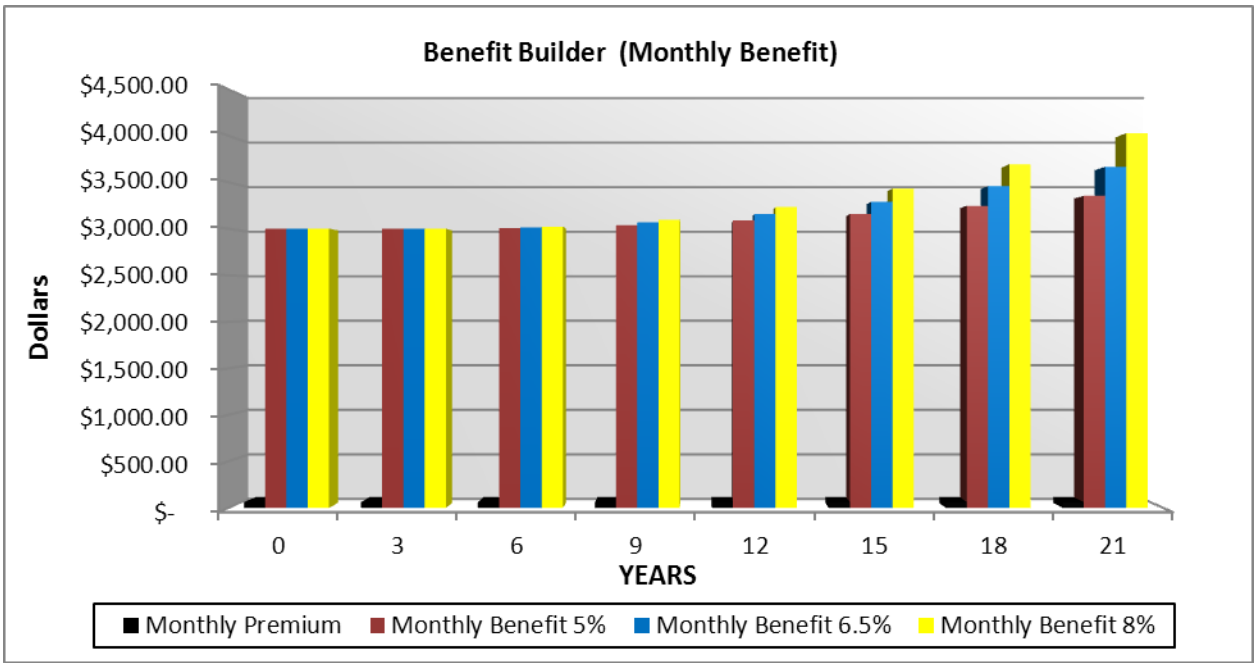
The increase on any Option Date will not be available to You (and, if requested, will not take effect) if:

- You were a Chronically Ill Individual at any time during the two year period prior to the Option Date; or
- You have ever received benefits under this Policy; or
- the Option Date occurs on or after Your 76th birthday.

The graphs below show the change in the daily or monthly Benefit Amount and the monthly premium under three possible scenarios assuming a hypothetical annual Portfolio Rate of Return of 5%, 6.5% and 8%.

The graphs illustrate a policy which has been issued to a person who is age 50 and has chosen a monthly Long-Term Care Benefit Amount of $3,000 or daily Long-Term Care Benefit Amount of $100, and a 3-year Benefit Period, assuming no Buy-Up Options were elected.





CPI COMPOUND INFLATION COVERAGE AND GUARANTEED INCREASE OPTION

CPI Compound Inflation Coverage:

Under this option, Your Long-Term Care Benefit Amount will be increased on each Policy anniversary by the percentage change in the non-seasonally adjusted Consumer Price Index (CPI) three months prior to Your Policy anniversary as compared to the same month's CPI one year prior and rounded to the nearest dollar.

In the event the CPI decreases, We will not reduce the Long-Term Care Benefit Amount by such CPI decrease on the Policy anniversary. However, We will offset any such CPI decreases when calculating future CPI increases to the Long-Term Care Benefit Amount.

The premium for the CPI Compound Inflation Coverage is included in the Policy premium. Your premium will not change for any annual automatic CPI compound increase, except as described in the Policy.

Guaranteed Increase Option:

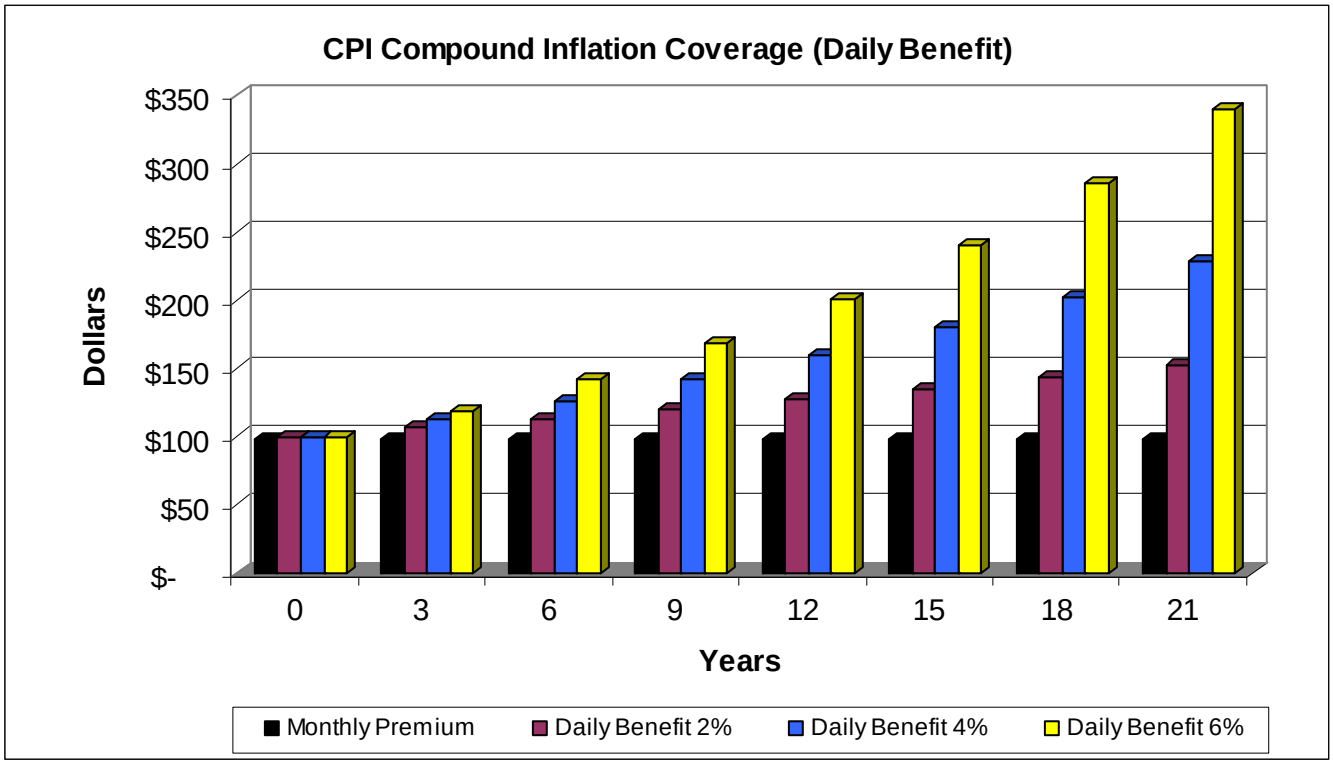
Important Notice: The Guaranteed Increase Option is not applicable to You if: You are paying Your premium via the Twenty-Year Premium Payment Option or the Paid-Up at Age 75 Payment Option; or if You have elected the Survivorship and Waiver of Premium Benefit.

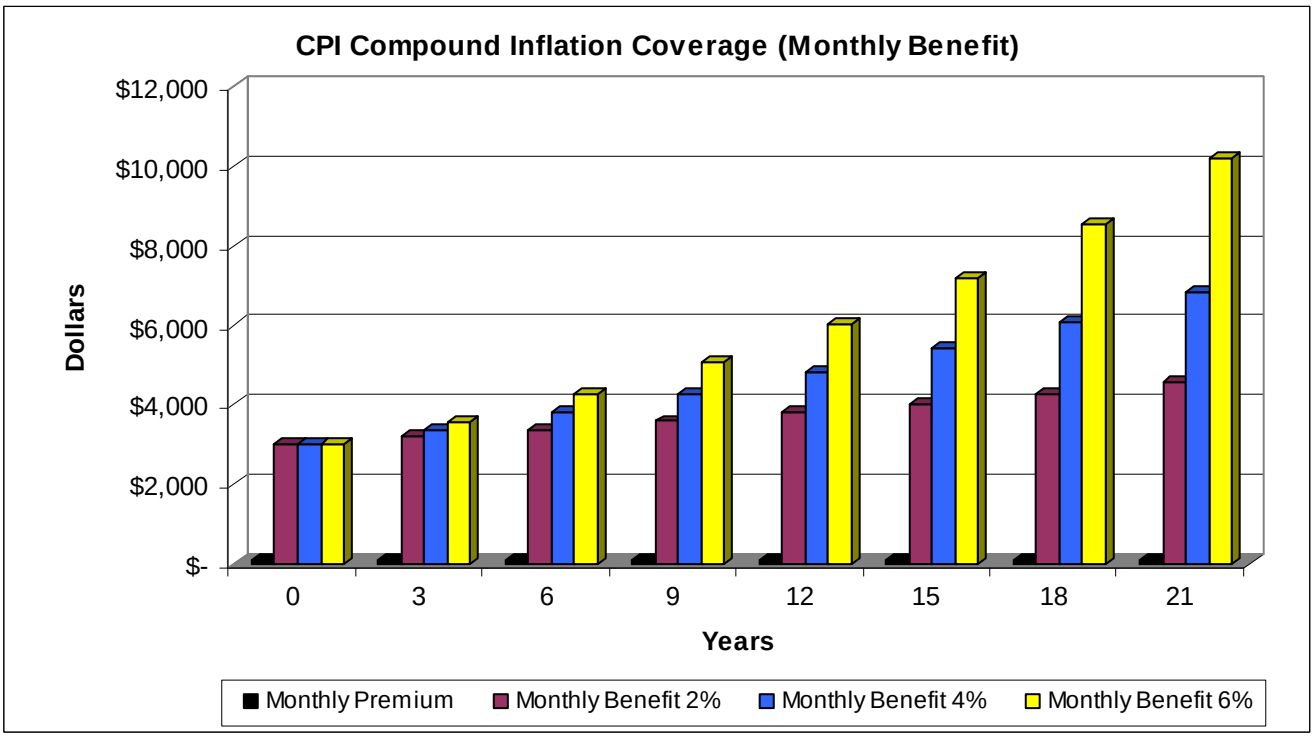
Effective as of the third anniversary of the Effective Date of Coverage and every third anniversary thereafter (the "Option Dates"), We will offer You the option to increase Your Long-Term Care Benefit Amount by purchasing an additional amount of coverage equal to 5% of the Long-Term Care Benefit Amount that was in effect immediately prior to that Option Date. This increase is in addition to the annual automatic CPI compound increase described above. No additional underwriting will be required. If You elect an increase under the Guaranteed Increase Option, the amount of the annual automatic CPI compound increase on that Option Date will be based on Your Long-Term Care Benefit Amount prior to this additional purchase.

We must receive Your written election within 31-days after the applicable Option Date or Your right to elect that increase will expire. The premium for any increase under this Guaranteed Increase Option (including any corresponding premium for any optional benefit riders/endorsements that You have elected and are part of Your Policy) will be based on Your age on the Option Date and the premium rates then in effect. The increase on any Option Date will not be available to You (and, if requested, will not take effect) if: You were a Chronically Ill Individual during the two year period prior to the Option Date; or the Option Date occurs on or after Your 76th birthday.

After You decline the offer of an optional increase on any two Option Dates, no future offers will be available to You. However, You may request to resume such offers by making the request to Us in writing and provide evidence of insurability satisfactory to Us. Any resumed offers will be subject to all conditions of this Endorsement.

The graphs below show the change in the daily or monthly Benefit Amount and the monthly premium under three possible scenarios – increases in coverage assuming a constant 2%, 4% or 6% change in the CPI. The graphs illustrate a policy which has been issued to a person who is age 50 and has chosen a monthly Long-Term Care Benefit Amount of $3,000 or daily Long-Term Care Benefit Amount of $100, and a 3-year Benefit Period.


CPI Compound Inflation Coverage (Daily Benefit)
$350
$300
$250
$200
$150
$100
$50
$-
Dollars
0
3
6
9
12
15
18
21
Years
Monthly Premium
Daily Benefit 2%
Daily Benefit 4%
Daily Benefit 6%


CPI Compound Inflation Coverage (Monthly Benefit)
$12,000
$10,000
$8,000
$6,000
$4,000
$2,000
$-
Dollars
0
3
6
9
12
15
18
21
Years
Monthly Premium
Monthly Benefit 2%
Monthly Benefit 4%
Monthly Benefit 6%

CPI COMPOUND INFLATION COVERAGE THROUGH AGE 75 AND GUARANTEED INCREASE OPTION

CPI Compound Inflation Coverage Through Age 75:

Under this option, Your Long-Term Care Benefit Amount will be increased on each Policy anniversary through age 75 by the percentage change in the non-seasonally adjusted Consumer Price Index (CPI) three months prior to Your Policy anniversary as compared to the same month's CPI one year prior and rounded to the nearest dollar.

In the event the CPI decreases, We will not reduce the Long-Term Care Benefit Amount by such CPI decrease on the Policy anniversary. However, We will offset any such CPI decreases when calculating future CPI increases to the Long-Term Care Benefit Amount.

The premium for the CPI Compound Inflation Coverage Through Age 75 is included in the Policy premium. Your premium will not change for any annual automatic CPI compound increase, except as described in the Policy.

There will be no further increases under this Endorsement on or after Your 76^{h} birthday. After such date has been reached all annual benefit increases under this provision will stop.

Guaranteed Increase Option:

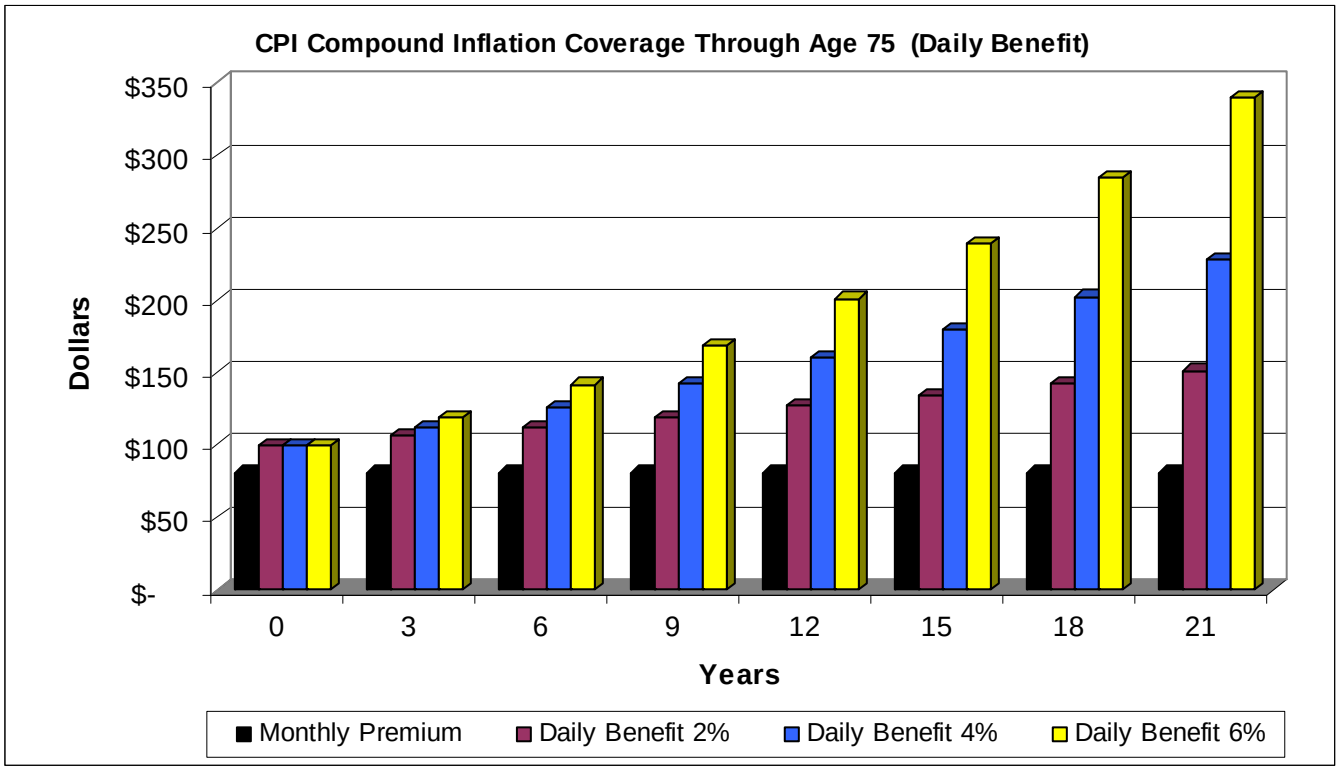
<u>Important Notice</u> – The Guaranteed Increase Option is not applicable to You if: You are paying Your premium via the Twenty-Year Premium Payment Option or the Paid-Up at Age 75 Payment Option; or if You have elected the Survivorship and Waiver of Premium Benefit.

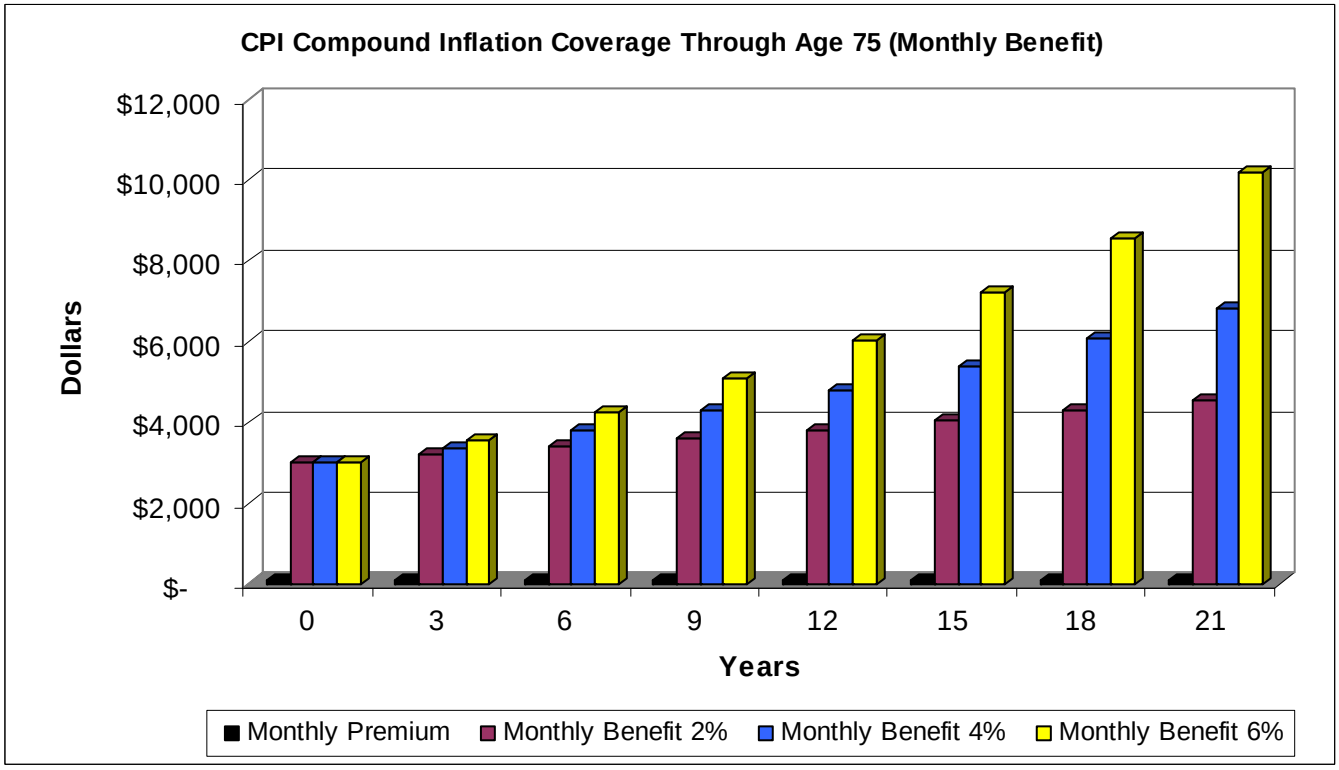
Effective as of the third anniversary of the Effective Date of Coverage and every third anniversary thereafter through age 75 (the "Option Dates"), We will offer You the option to increase Your Long-Term Care Benefit Amount by purchasing an additional amount of coverage equal to 5% of the Long-Term Care Benefit Amount that was in effect immediately prior to that Option Date. This increase is in addition to the annual automatic CPI compound increase described above. No additional underwriting will be required. If You elect an increase under the Guaranteed Increase Option, the amount of the annual automatic CPI compound increase on that Option Date will be based on Your Long-Term Care Benefit Amount prior to this additional purchase.

We must receive Your written election within 31-days after the applicable Option Date or Your right to elect that increase will expire. The premium for any increase under this Guaranteed Increase Option (including any corresponding premium for any optional benefit riders/endorsements that You have elected and are part of Your Policy) will be based on Your age on the Option Date and the premium rates then in effect. The increase on any Option Date will not be available to You (and, if requested, will not take effect) if: You were a Chronically Ill Individual during the two year period prior to the Option Date; or the Option Date occurs on or after Your 76th birthday.

After You decline the offer of an optional increase on any two Option Dates, no future offers will be available to You. However, You may request to resume such offers by making the request to Us in writing and provide evidence of insurability satisfactory to Us. Any resumed offers will be subject to all conditions of this Endorsement.

The graphs below show the change in the daily or monthly Benefit Amount and the monthly premium under three possible scenarios – increases in coverage assuming a constant 2%, 4% or 6% change in the CPI. The graphs illustrate a policy which has been issued to a person who is age 50 and has chosen a monthly Long-Term Care Benefit Amount of $3,000 or daily Long-Term Care Benefit Amount of $100, and a 3-year Benefit Period.


CPI Compound Inflation Coverage Through Age 75 (Daily Benefit)
$350
$300
$250
$200
$150
$100
$50
$-
Dollars
0
3
6
9
12
15
18
21
Years
Monthly Premium
Daily Benefit 2%
Daily Benefit 4%
Daily Benefit 6%


CPI Compound Inflation Coverage Through Age 75 (Monthly Benefit)
$12,000
$10,000
$8,000
$6,000
$4,000
$2,000
$-
Dollars
0
3
6
9
12
15
18
21
Years
Monthly Premium
Monthly Benefit 2%
Monthly Benefit 4%
Monthly Benefit 6%

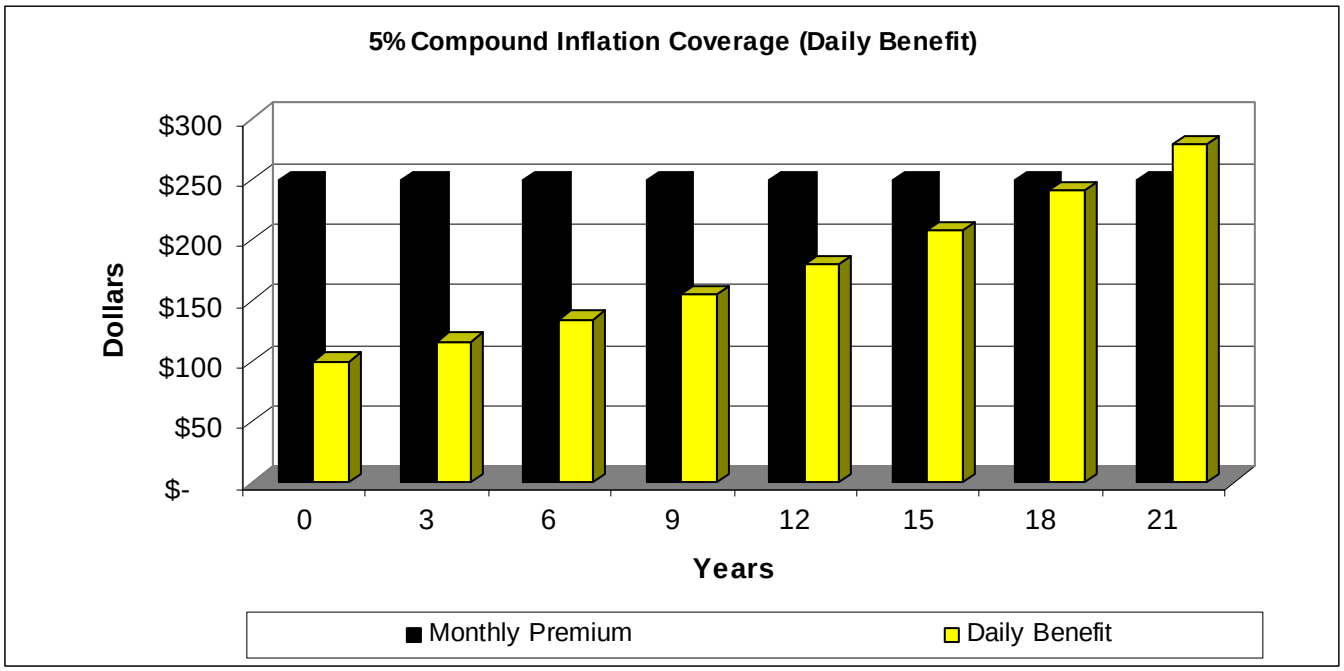
]

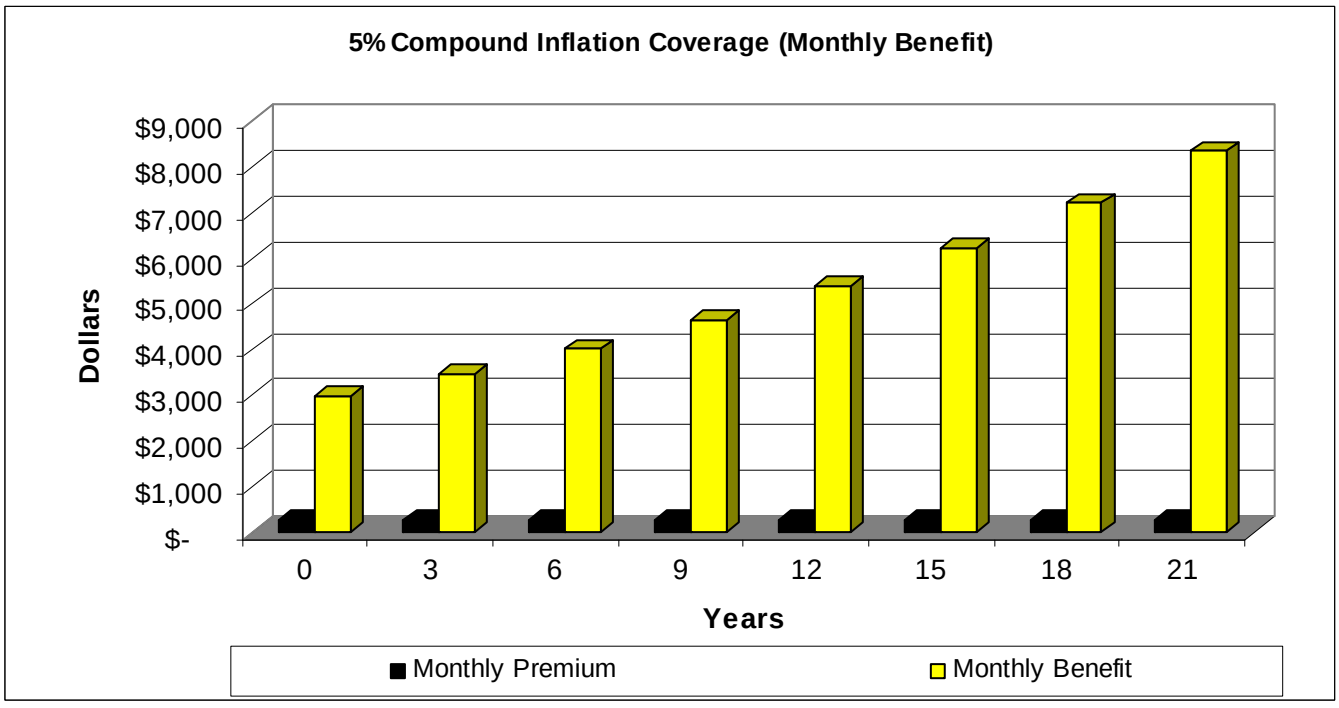
INFLATION PROTECTION AVAILABLE FOR YOUR LONG-TERM CARE INSURANCE POLICY, continued

5% COMPOUND INFLATION COVERAGE.

Your Long-Term Care Benefit Amount will increase by an amount equal to 5% of the Long-Term Care Benefit Amount in effect during the prior Policy year. The annual increase is automatic and will occur on each Policy anniversary. The premium for 5% Compound Inflation Coverage is included in the Policy premium. Your premium will not change, except as described in the Policy.

The graphs below show the change in the daily or monthly Benefit Amount and the monthly premium under 5% Compound Inflation Coverage. The graphs illustrate a policy which has been issued to a person who is age 60 and has chosen a monthly Long-Term Care Benefit Amount of $3,000 or daily Long-Term Care Benefit Amount of $100, and a 4-year Benefit Period.

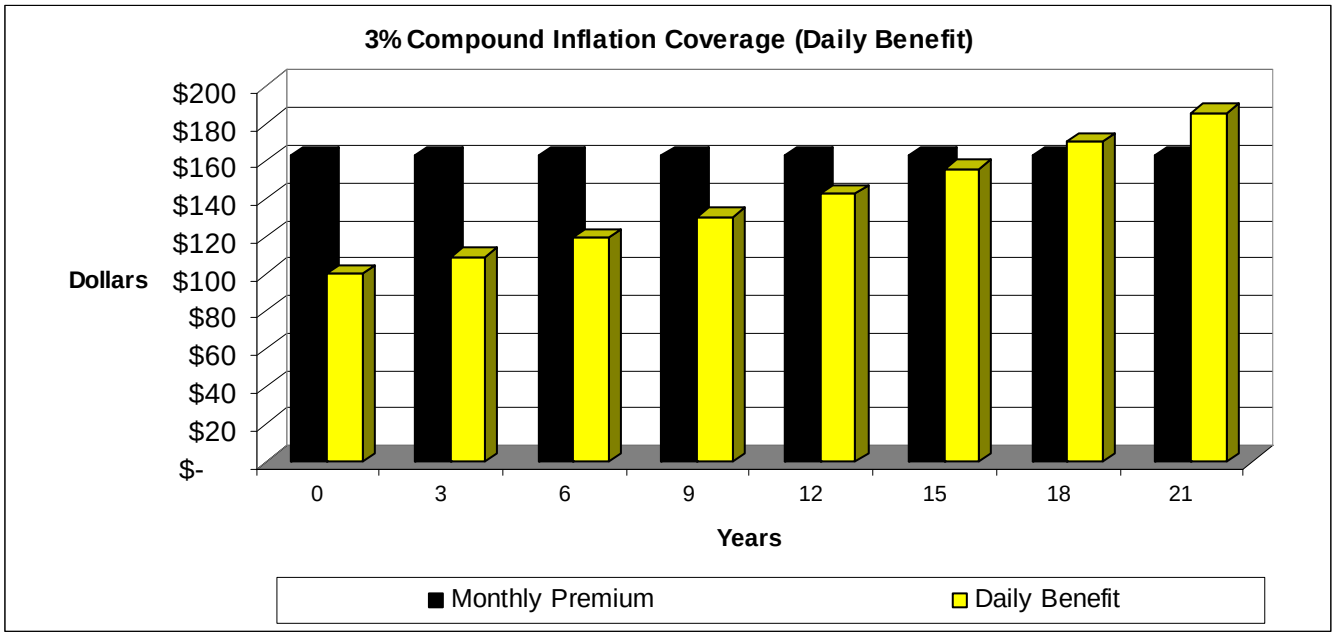


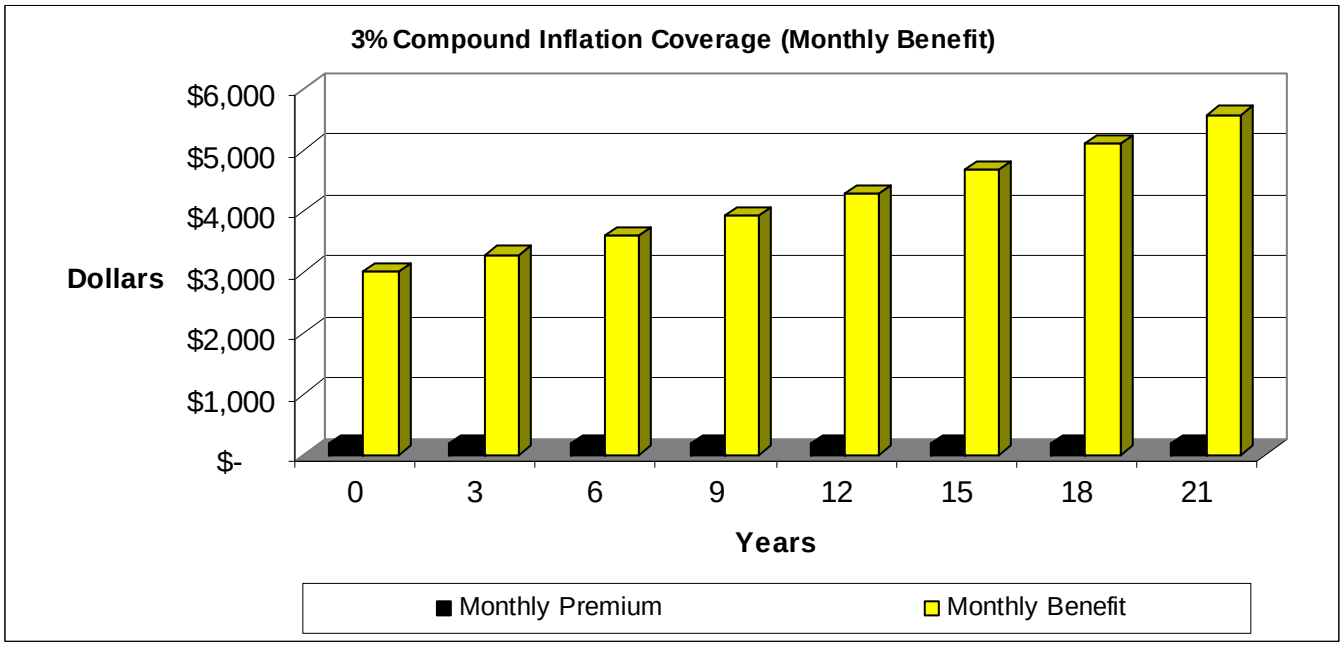


[3% COMPOUND INFLATION COVERAGE.

Your Long-Term Care Benefit Amount will increase by an amount equal to 3% of the Long-Term Care Benefit Amount in effect during the prior Policy year. The annual increase is automatic and will occur on each Policy anniversary. The premium for 3% Compound Inflation Coverage is included in the Policy premium. Your premium will not change, except as described in the Policy.

The graphs below show the change in the daily or monthly Benefit Amount and the monthly premium under 3% Compound Inflation Coverage. The graphs illustrate a policy which has been issued to a person who is age 60 and has chosen a monthly Long-Term Care Benefit Amount of $3,000 or daily Long-Term Care Benefit Amount of $100, and a 4-year Benefit Period.





]

[GUARANTEED PURCHASE OPTION.

Important Notice *The Guaranteed Purchase Option is not available to You if You are paying Your premium via the Twenty-Year Premium Payment Option or the Paid to Age 75 Payment Option or if You purchased the Survivorship and Waiver of Premium Benefit.*

As of the third anniversary of the Effective Date of Coverage and every third anniversary thereafter (the Option Dates) through age 75, You will be provided with the opportunity to increase Your Long-Term Care Benefit Amount in an amount equal to 10% of the current Long-Term Care Benefit Amount. .

The premium for any increase will be based on attained age and the premium rates then in effect. No additional underwriting will be required.

No offers will be made if You were a Chronically Ill Individual within the past 2 years prior to the Option Date or if the Option Date occurs on or after Your 76th birthday.

If You do not elect an increase when offered, that increase will not be available on any future date. You will, however, still have the opportunity to accept future offers unless You decline the offer two times. After You decline the offer of an optional increase on any two Option Dates, no future offers will be available to You. However, You may request to resume such offers by making the request to Us in writing and provide evidence of insurability satisfactory to Us. Any resumed offers will be subject to all conditions of this Endorsement.

One-Time Offer to Switch to CPI Compound Inflation Coverage On Your 65th Birthday:

We will make You a one-time written offer on Your Policy anniversary which falls on or after Your 65th birthday to switch Your Guaranteed Purchase Option to CPI Compound Inflation Coverage.

This offer will be available to You for a period of 60 days. Your premium will be equal to the difference between the premium for CPI Compound Inflation Coverage and Your Guaranteed Purchase Option coverage at your attained age for Your then current benefits.

If You are eligible for a Guaranteed Purchase offer immediately prior to You being eligible to switch to CPI Compound Inflation Coverage, You may elect such offer and then switch to CPI Compound Inflation Coverage.

The offer to switch Your Guarantee Purchase Option to CPI Compound Inflation will not be available to You (and, if requested, will not take effect) if You were a Chronically Ill Individual during the two year period prior to the date this offer is made to You.

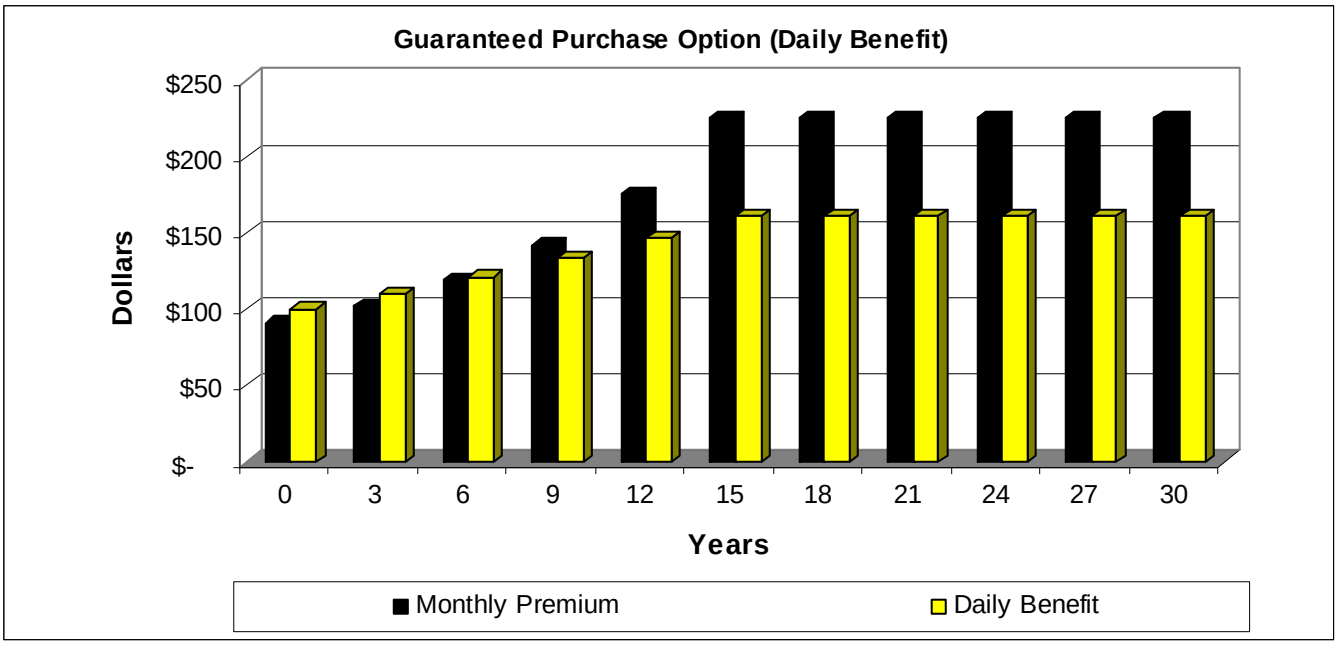
If You elect to switch to CPI Compound Inflation Coverage, You will not receive any future Guaranteed Purchase Option offers.

Guaranteed Purchase Option, continued.

The graphs below show the change in the daily or monthly Long-Term Care Benefit Amount and the monthly premium if You elect all increases available to You.

The graphs illustrate a policy which has been issued to a person who is age 60 and has chosen a monthly Long-Term Care Benefit Amount of $3,000 or daily Long-Term Care Benefit Amount of $100, and a 4-year Benefit Period. Assume the person has elected the increase on each Option Date.

(Assume that You did not elect the one-time offer to switch Your coverage to CPI Compound Inflation Coverage.)



]

John Hancock Life Insurance Company (U.S.A.)

John Hancock Place
Post Office Box 111 B-6-6
Boston, Massachusetts 02117
1-888-877-9075
Direct: (617) 572-0101
Fax: (617) 450-8198
Email: mfluet@jhancock.com

Michelle Fluet
Contract Consultant
LTC Contracts and Legislative Services

April 10, 2012

Commissioner Jay Bradford
Arkansas Department of Insurance
1200 West Third Street
Little Rock, Arkansas 72201-1904

Re: **John Hancock Life Insurance Company (U.S.A.)**
Company NAIC # 65838, FEIN # 01-0233346
Individual Long-Term Care Insurance Submission
Benefit Builder LTC-BLD/GIO et al

Dear Commissioner:

We enclose the above referenced addendum to the actuarial memo for your review and approval. This memo and new rate schedules that will apply to Benefit Builder are added to the actuarial memo and rates associated with our Custom Care III policy form LTC-11 AR submitted on 4/4/2012 to your department, SERFF # MULF-12851287.

Benefit Builder

We have developed an alternative to traditional automatic inflation features that typically can add significant cost to an LTC insurance policy. *Benefit Builder* will allow a consumer to purchase the comprehensive coverage needed, while keeping premiums lower relative to other forms of inflation protection. It will be marketed primarily to younger buyers, who generally do not anticipate needing care for many years.

Benefit Builder will enable a policyholder to increase benefits over time by way of Automatic Crediting and a voluntary Buy-Up Option.

Starting on the third Policy Anniversary, Automatic Crediting will allow an insured's policy benefits to grow gradually over time with no corresponding increase in premium, by factoring in excess earnings, if any, from the subset of the general account that John Hancock uses to support its LTC insurance policies, to automatically increase benefits.

The Buy-Up Option will provide the policyholder with the opportunity to elect to increase policy benefits for an additional premium every three years.

Hospice Benefit

We have made a revision to our coverage for Hospice Care and created an endorsement to the policy for your review. We will now provide coverage for Hospice Care services not reimbursable under Medicare, without needing to satisfy the Elimination Period. This also changes our Waiver of Elimination Period for Home Health Care Benefit rider (LTC-WEP 7/12), which we have revised and are submitting for review and approval.

Paid-up at 95

Policyholders will no longer need to continue paying premium after reaching age 95.

Outline of Coverage & Revised Application

With the addition of *Benefit Builder,* we have revised our application and outline of coverage to reflect this new option and some changes due to process changes. The Outline of Coverage was also revised for the change in coverage for Hospice Care services during the Elimination Period. The revised outline is being submitted with this filing for your review.

Due to the addition of the Benefit Builder, the new paid-up at 95 and Waiver of the Elimination Period for Hospice Care, we are including a revised statement of variability (ed. 3/14/12) to reflect the changes as appropriate. We have highlighted these changes in “blue” on the document.

In addition, we are submitting a new reconsideration application (LTC-INC12), this application will be used for existing policyholders which have been issued benefits different than initially applied for, due to medical conditions, which we may considered after a certain amount of time has passed.

The following items are included in this submission:

- the submission letter.
- all actuarial material..
- all required certifications.

Thank you for your time and consideration in this matter. If you have any questions please feel free to contact me.

Sincerely,

Michelle Fluet

Appendix A
Forms List

Form Number	Form Name
LTC-BLD/GIO	Benefit Builder
LTC-INC12 AR	Reconsideration Application
LTC-APP12 AR	Application
LTC-HOSP 7/12	Hospice Care Endorsement
LTC-WEP 7/12	Waiver of Home Health Care Elimination Period Rider
OCLTC11 AR 7/12	Outline of Coverage

Statement of Variability

Form #	Form Name	Variability Brackets [ ] indicate items that will be as shown or omitted.
LTC -INC12 AR	Application for Reconsideration	Page 1, Administrative Office address may change based on location change of offices. Page 1, Risk Class Reconsideration - This will either stay or be omitted in it's entirety. No other changes will be made.

Statement of Variability – Policy

Brackets [ ] indicate items that will be as shown or omitted.

Form LTC-11 AR

1. Page 1
   - Administrative Office address may change based on location change of offices.

2. Page 21
   - Claims phone # may change.

3. Page 23
   - Claims Administrative Office address may change based on location change of offices.

4. Page 32
   - Administrative Office address may change based on location change of offices.

Schedule Page for Policy Form LTC-11 AR

For your convenience, we are using foot notes for the schedule page variability.

Policy Number:	[H 9000 000[1]]	Policy Form:	LTC-11 AR
Insured:	[John Hancock[2]]	Policy Title:	Long-Term Care Insurance Policy
Premium Class:	[Standard[3]]	Effective Date of Coverage:	[January 1, 2011[4]]
		First [Annual[5]] Premium: [***[6]]	$[XXXXX[7]]

POLICY SCHEDULE

This Policy Schedule provides You with specific information about the benefits You selected and how much We will pay.

Coverage Limits:

Elimination Period:	[XXX[8]] Dates of Service
Benefit Period:	[XX[9]] Years
Policy Limit:*	$ [XXXXX[10]]
Long Term Care Benefit Amount*^:	$ [XXX[11]] per month/per day
Care Advisory Services Benefit Amount:*	$ [XXX[12]] per calendar year

[1] Policy number will vary by policyholder
[2] Insured's name will vary.
[3] Premium class will show only one of the classifications – standard, preferred, substandard 1 or substandard 2
[4] Policy number will vary by policyholder
[5] Premium payment mode will vary by policyholder – annual, semi-annual, quarterly or monthly
[6] *** designates that a limited Payment option selection has been selected
[7] Premium amount will vary by policyholder
[8] Available elimination period options - 30, 60, 90, 180 or 365 dates of service.
[9] Available benefit period options - 2, 3, 4, 5, 6 or 10 years
[10] Benefit Period x LTC Benefit Amount x 365 (if daily) or 12 (if monthly) = the Policy Limit in $$
[11] Daily Benefit in increments of $10 ($50 - $500) or Monthly Benefit in increments of $100 ($1,500 - $15,000).
[12] Annual Cap = LTC Benefit Amount x 1/3 (if monthly selected) or 10 (if daily selected)

Additional Stay At Home Lifetime Benefit Amount:* $ [XXX[13]]
(The Additional Stay at Home Benefit includes benefits for home modifications, emergency medical response systems, durable medical equipment, caregiver training, home safety check and provider care check.)
[Double Coverage Accident Benefit Amount:* $ [XXX][14] per month/per day]
[Additional Cash Benefit Amount:* $ [XXX[15]] per month]

* Subject to increases due to inflation coverage, if any.
^ Subject to the Limited Benefit for Independent Home Health Care Providers described in the policy section entitled "Long Term Care Benefit".

[5% Compound Inflation Coverage][16]

Base Policy Premium: $ [XXX[17]] Annual Premium

Optional Benefits Selected and Included in this Policy:[18]

[SharedCare Benefit $ [XXX] Annual Premium]
[Survivorship & Waiver of Premium Benefit $ [XXX] Annual Premium]
[Waiver of the Home Care Elimination Period $ [XXX] Annual Premium]
[Additional Cash Benefit $ [XXX] Annual Premium]
[Nonforfeiture Benefit $ [XXX] Annual Premium]

Total Policy Annual Premium including Optional Benefits: $ [XXX[19]] Annual Premium

Total Premium Payment Options (includes all optional benefits):[20]

	Annual	Semi-Annual	Quarterly	Monthly
First Year Premium:	$[XXX.XX]	$[XXX.XX]	$[XXX.XX]	$[XXX.XX]
Total Yearly Cost for First Year Premium:	$[XXX.XX]	$[XXX.XX]	$[XXX.XX]	$[XXX.XX]

[This Schedule replaces any prior Schedule as of MO/DD/YR[21].]

POLICY SCHEDULE - (continued)

[*** Important Notice. You have selected the Twenty-Year Premium Payment Option. This means that Your Policy is fully paid-up and no further premiums will be due at the end of Your twentieth Policy year. Prior to the end of Your twentieth Policy year, You must make sure that You pay the premiums when they are due to continue this

[13] Lifetime Benefit = one times the Benefit Amount (if monthly option), or 30 times the Benefit Amount (if daily option)
[14] Policy will reimburse up to 2 x the LTC Benefit Amount shown in $$
[15] Benefit Amount is a Separate Pool of Money = to 15% the Benefit Amount (if monthly option), or 4.5 times the Benefit Amount (if daily option).
[16] The Policy contains the option to purchase: CPI Compound Inflation Coverage; CPI Compound Inflation Coverage Through Age 75; 5% Compound Inflation Coverage; 3% Compound Inflation Coverage; GPO Inflation or a **Benefit Builder.** Only one option can be shown on the schedule
[17] Base premium amount will vary by policyholder
[18] The available optional benefits are listed here along with their associated premium. Only those options selected will appear.
[19] Total annual premium amount will vary by policyholder
[20] All premium mode premiums will be shown in this section.
[21] This sentence will appear when a new schedule page is issued along with the new effective date of changes.

Policy. However, in the event that We find that the premium rates for this Policy form are inadequate prior to the end of the twentieth Policy year, We reserve the right to increase Your premium as of the next premium due date.][22]

[*** Important Notice. You have selected the Paid-Up at Age 75 Payment Option. This means that Your Policy will be paid-up and no further premiums will be due after the Policy anniversary following Your 75th birthday. Prior to this, You must make sure that You pay the premiums when they are due to continue this Policy. However, in the event that We find that the premium rates for this Policy form are inadequate during the premium paying period, We reserve the right to increase Your premium as of the next premium due date.][23]

[*** Important Notice. You have selected the Paid-Up at Age 95 Payment Option. This means that Your Policy will be paid-up and no further premiums will be due after the Policy anniversary following Your 95th birthday. Prior to this, You must make sure that You pay the premiums when they are due to continue this Policy. However, in the event that We find that the premium rates for this Policy form are inadequate during the premium paying period, We reserve the right to increase Your premium as of the next premium due date.][24].

[Addition of any state required DRA Partnership language[25]]

[This page was intentionally left blank.[26]]

[22] This section will appear as is if the policyholder elects a 20-pay premium option
[23] This section will appear as is if the policyholder elects a paid to age 75 premium option
[24] **This section will appear as is if the policyholder elects a paid to age 95 premium option**
[25] This section will be included if a DRA Partnership requires that state specific Partnership disclosure must be included in the schedule page.
[26] This sentence will appear if nothing is shown on the second page of the schedule

Statement of Variability

Form #	Form Name	Variability Brackets [ ] indicate items that will be as shown or omitted.

LTC-APP12 AR	Individual Long-Term Care Insurance Application	Page 1, Control # s could be eliminated based upon the sales distribution channel.
		Page 1, Administrative Office address may change based on location change of offices.
		Page 2, Question 2a. Beneficiary Designation – [and Return of Premium upon Death Benefit under age 65] – this would be removed if applicant is over the age of 64.
		Question 2e -2g – questions may be eliminated based upon the sales channel distribution.
		Page 5, Questions 3o-3q – questions may be removed entirely if applicants are older than 64.
		Page 8, Part 4
		• 4a-4c Benefit Amount, Benefit Period and Elimination Period may vary based on sales distribution channel (variation by those displayed shown not any other options)
		• Question 4d – Inflation Options
		  • Inflation Option availability may vary based on sales distribution channel (variation by those displayed shown not any other options)
		  • 5% Compound will always be offered.
		• Question 4e – Optional Benefits
		  1. Optional benefit availability may vary based on sales distribution channel. (variation by those displayed shown not any other options).
		  2. Nonforfeiture will always be offered.

		Page 9, Part 5 Premium Payment and Administration • Question 5a 1. Payment Options availability may vary based on sales distribution channel (variation by those displayed shown not any other options). • Question 5b 2. Payment Method availability may vary based on sales distribution channel. (variation by those displayed shown on any other options). Page 11, General Agreement & Acknowledgement: 6. statement may be eliminated based upon inflation option availability Premium Agreement and Authorization. 3. Some distribution channels may not require an advance payment. 4.Some distribution channels may not require an advance payment. Bracketed information will be removed for non-payroll deductions, list bill or employer pay plans that no advance payment is required.
OCLTC11 AR 7/12	Outline of Coverage	Page 1 • Marketing name for product may change • Heading and Caution Statement • Administrative Office address may change based on location change of offices. Page 6 (e) Optional Benefits • Optional benefit availability may vary based on sales distribution channel. • Nonforfeiture will always be offered. Page 8 Part 11 • Inflation Option availability may vary based on sales distribution channel. • 5% Compound will always be offered. Page 9, Part 13 • Optional benefit availability may vary based on sales distribution channel. • Nonforfeiture will always be offered. • Premium will vary based on the applicant's selection of benefits and payment frequency. Page 11-19 Inflation Options • Inflation Option availability may vary based on sales distribution channel • 5% Compound will always be offered.

SERFF Tracking Number:	*MULF-128202460*	*State:*	*Arkansas*
Filing Company:	*John Hancock Life Insurance Company (USA)*	*State Tracking Number:*	
Company Tracking Number:	*CCIII FEATURING BENEFIT BUILDER*		
TOI:	*LTC03I Individual Long Term Care*	*Sub-TOI:*	*LTC03I.001 Qualified*
Product Name:	*Long-Term Care Insurance*		
Project Name/Number:	*CCIII featuring Benefit Builder/*		

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
04/06/2012	Supporting Document	Health - Actuarial Justification	06/15/2012	AR LTC-11 Actuarial Memorandum Benefit Builder 4.4.12.pdf (Superceded) BB Net Single Premiums.pdf
03/26/2012	Supporting Document	Health - Actuarial Justification	04/06/2012	AR LTC-11 Actuarial Memorandum Benefit Builder 4.4.12.pdf
04/04/2012	Form	Benefit Builder Endorsement	06/15/2012	LTC-BLDGIO.pdf (Superceded)
04/10/2012	Form	Outline of Coverage	06/15/2012	OCLTC11 AR.pdf (Superceded)
04/04/2012	Rate and Rule	Actuarial Memo	06/15/2012	AR LTC-11 Actuarial Memorandum Benefit Builder 4.4.12.pdf (Superceded)
04/10/2012	Form	Application	04/18/2012	AR 2012 Benefit Builder Application.pdf (Superceded)
03/26/2012	Supporting Document	Flesch Certification	04/10/2012	CERTIFICATION OF READABILITY.pdf (Superceded)
03/26/2012	Supporting	Application	04/10/2012	AR 2012 Benefit Builder

SERFF Tracking Number:	*MULF-128202460*	*State:*	*Arkansas*
Filing Company:	*John Hancock Life Insurance Company (USA)*	*State Tracking Number:*	
Company Tracking Number:	*CCIII FEATURING BENEFIT BUILDER*		
TOI:	*LTC03I Individual Long Term Care*	*Sub-TOI:*	*LTC03I.001 Qualified*
Product Name:	*Long-Term Care Insurance*		
Project Name/Number:	*CCIII featuring Benefit Builder/*		

	Document			Application.pdf (Superceded)
03/26/2012	Supporting Document	Outline of Coverage	04/10/2012	OCLTC11 AR.pdf
04/04/2012	Supporting Document	Cover Letter	04/10/2012	AR Benefit Builder Cover_letter.pdf (Superceded)
04/10/2012	Supporting Document	Statement of Variability	04/18/2012	AR Reconsider Application Statement of Variability.pdf AR Policy SOV.pdf AR Variability Statement LTC Apps.pdf (Superceded)
04/04/2012	Supporting Document	Statement of Variability	04/10/2012	AR Reconsider Application Statement of Variability.pdf
04/10/2012	Form	Application	04/10/2012	AR 2012 Benefit Builder Application.pdf (Superceded)

JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)

ENDORSEMENT

BENEFIT BUILDER

This Endorsement is part of, and attached to Your Policy. It is subject to all the provisions of the Policy unless otherwise provided below.

Benefit Builder allows You to increase Your Policy benefits over time by way of Automatic Crediting and the Buy-Up Option.

- Automatic Crediting allows Your Policy benefits to grow gradually over time with no corresponding increase in premium, by using Excess Earnings Credits, if any, to automatically increase Your benefits.

- The Buy-Up Option provides You with the opportunity to elect to increase Your Policy benefits for an additional premium every three years.

The operation and requirements of Automatic Crediting and the Buy-Up Option are described below.

Definitions

The following terms have special meaning for use in this Endorsement:

- Allocated Reserve Value refers to the portion of assets attributed to Your Policy in the Portfolio. Allocated Reserve Values are related to the amount of premiums that have been paid into the Policy plus investment earnings less expenses and past expected claims. The Allocated Reserve Value will be re-determined on each Policy Anniversary to account for the impact from benefit changes and/or benefit additions. In the event of a future inforce rate increase on this Policy, the Allocated Reserve Value will not change.

- The Annual Benefit Increase Amount is equal to the Excess Earnings Credit divided by a single premium rate then in effect and on file with the applicable regulator. In the event of a future inforce rate increase on this Policy the single premium rate applied to new Excess Earnings Credits will be revised to reflect updated assumptions, subject to approval by the applicable regulator.

- The Excess Earnings Credit is determined on each Policy Anniversary and is based upon the following formula:

((Portfolio Rate of Return in effect as of the current Policy Anniversary – 3%)
times the Allocated Reserve Value as of the current Policy Anniversary)
minus any adjustment for negative Excess Earnings Credits occurring in prior years.

- Portfolio means the subset of Our general account that contains the assets which support the benefits for policies that include this Endorsement. The Portfolio may also support other policies with similar features and benefits as this Endorsement. The assets in the Portfolio may change over the life of a Policy. We have sole discretion over the assets of Our general account and policyholders do not have any preferential claim on those assets. We reserve the right to close the Portfolio to future applicants and establish a new Portfolio for such business.

- Portfolio Rate of Return means the annual rate of return (net of investment expenses) earned on the assets in the Portfolio. Returns are not guaranteed.

Automatic Crediting

We will calculate the Excess Earnings Credit on each Policy Anniversary. If the Excess Earnings Credit is greater than zero, We will increase the current Long-Term Care Benefit Amount by the Annual Benefit Increase Amount. When the Long-Term Care Benefit Amount is increased, the remaining Policy Limit (as well as other remaining Benefit Amounts listed in the Policy Schedule) will be increased by the same percentage as the increase in the Long-Term Care Benefit Amount.

In the event the Excess Earnings Credit is less than or equal to zero, We will not reduce the Long-Term Care Benefit Amount by such decrease on the Policy Anniversary. However, We will offset any such decreases when calculating future Excess Earnings Credits. This means that there may be no benefit increases (or a reduced benefit increase) even in years where the Portfolio Rate of Return is greater than 3% until such time that the amount offset for all prior years has been recouped.

Important Note - Allocated Reserve Values will grow over time as each year's premium is collected. Therefore, there will be little or no benefit increases in the early years of Your Policy.

No Annual Benefit Increase Amount adjustment will be made while this Policy is in effect under the provisions of any nonforfeiture benefit.

The premium for Annual Benefit Increase Amounts is included in Your Policy premium. Your premium will not change due to any Annual Benefit Increase Amount, except as described in the Policy.

Buy-Up Option

Important Notice – The Buy-Up Option is *not* applicable to You if You are paying Your premium via the Twenty-Year Premium Payment Option or the Paid up at Age 75 Payment Option or if You purchased the Survivorship and Waiver of Premium Benefit.

Option Dates

Subject to the limitations described below, and starting as of the third anniversary of the Effective Date of Coverage and every third anniversary thereafter through age 75 (the "Option Dates"), We will offer You the option to increase Your Long-Term Care Benefit Amount by purchasing an additional amount of coverage equal to 10% of the current Long-Term Care Benefit Amount that was in effect immediately prior to that Option Date and rounded to the nearest dollar. As such, any Annual Benefit Increase Amount earned for that Policy Anniversary will not be included in the calculation of the Buy-Up Option. No additional underwriting will be required.

We must receive Your written election within 31-days after the applicable Option Date or Your right to elect that increase will expire.

When the Long-Term Care Benefit Amount is increased under the Buy-Up Option, the remaining Policy Limit (as well as any remaining Benefit Amounts listed in the Policy Schedule) will be increased by the same percentage as the increase in the Long-Term Care Benefit Amount and rounded to the nearest dollar.

At the time of each offer, We will provide You with information regarding:

- Your current Long-Term Care Benefit Amount;
- the amount of increase available to You under this Buy-Up Option;
- the additional premium amount for the increase under this Buy-Up Option; and
- instructions on how You may elect this increase. We must receive Your written election within 31-days after the applicable Option Date or Your right to elect that increase will expire.

IMPORTANT NOTICE

If your age on the Effective Date of Coverage is younger than 65:

You will have the opportunity to accept Buy-Up Options through age 75. If you decline a Buy-Up Option, that increase will not be available on any future date. You will, however, still have an opportunity to accept future Buy-Up Options through age 75 as long as you have only declined one Buy-Up Option. If you decline two Buy-Up Options, no future offers will be made.

If your age on the Effective Date of Coverage is 65 or older:

You will have the opportunity to accept Buy-Up Options through age 75 only if You accepted each prior offer. If You decline any Buy-Up Option, no future offers will be available to You.

However, You may request to resume such offers by making the request to Us in writing and provide evidence of insurability satisfactory to Us. Any resumed offers will be subject to all of the conditions of this Endorsement.

The premium for any increase under the Buy-Up Option (including any corresponding premium for any optional benefit riders/endorsements that You have elected and are part of Your Policy) will be based on Your age on the Option Date and the premium rates then in effect.

The increase on any Option Date will not be available to You (and, if requested, will not take effect) if:

- You were a Chronically Ill Individual at any time during the two year period prior to the Option Date; or
- You have ever received benefits under this Policy; or
- the Option Date occurs on or after Your 76th birthday.

No Buy-Up Option offer or adjustment will be made while this Policy is in effect under any nonforfeiture benefit.

How Benefit Decreases Impact the Benefit Builder

If You request a benefit decrease, We will apply such decrease to the most recent Buy-Up Options first and if necessary to the initial Long-Term Care Benefit Amount. We will also proportionately reduce the corresponding Annual Benefit Increase Amounts associated with the coverage being reduced.

No decrease may result in a Long-Term Care Benefit Amount that is less than the minimum amount that is available for this Policy series.

Termination

Nothing in this Endorsement amends the termination provision of the Policy or creates a new Policy Limit after the then applicable Policy Limit is exhausted. This Endorsement will terminate when the Policy terminates, or when the Policy is continued under the provisions of any nonforfeiture benefit.

Signed for the Company at Boston, Massachusetts:

Secretary

Outline of Coverage

Long-Term Care Insurance
Outline Of Coverage – [Custom Care III]
Policy Series LTC-11 AR

John Hancock Life Insurance Company (U.S.A.)

[LTC Administrative Office
[1 John Hancock Way, Suite 1700, Boston MA 02217-1700]

CAUTION: The issuance of this long-term care insurance Policy is based upon Your responses to the questions on Your application. A copy of Your application is enclosed. If Your answers are incorrect or untrue, the company has the right to deny benefits or rescind Your Policy. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of Your answers are incorrect, contact the company at this address: John Hancock Life Insurance Company (U.S.A.), [LTC Administrative Office, 1 John Hancock Way, Suite 1700, Boston MA 02217-1700] or call Us at [1-800-377-7311].

NOTICE TO BUYER: This Policy may not cover all of the costs associated with long-term care incurred by You during the period of coverage. You are advised to review carefully all Policy limitations.

1. This Policy is an individual policy of insurance.

2. PURPOSE OF OUTLINE OF COVERAGE.

   This Outline of Coverage provides a very brief description of the important features of this Policy. You should compare this Outline of Coverage to outlines of coverage for other policies available to You. This is not an insurance contract, but only a summary of coverage. Only the individual Policy contains governing contractual provisions. This means that the Policy sets forth in detail the rights and obligations of both You and the insurance company. Therefore, if You purchase this coverage, or any other coverage, it is important that You READ YOUR POLICY CAREFULLY!

3. FEDERAL TAX CONSEQUENCES.

   This Policy is intended to be a qualified long-term care contract under Section 7702B(b) of the Internal Revenue Code of 1986, as amended.

   Long-term care insurance was granted favorable federal income tax treatment in the Health Insurance Portability and Accountability Act of 1996. Policies meeting certain criteria outlined in this Act are eligible for this treatment. To the best of Our knowledge, We have designed this Policy to meet the requirements of this law. If, in the future, it is determined that this Policy does not meet these requirements, We will make every reasonable effort to amend the Policy if We are required to do so in order to gain such favorable federal income tax treatment. We will offer you an opportunity to receive these amendments.

4. TERMS UNDER WHICH THE POLICY MAY BE CONTINUED IN FORCE OR DISCONTINUED

   (a) RENEWABILITY: THIS POLICY IS GUARANTEED RENEWABLE. PREMIUMS ARE NOT GUARANTEED TO REMAIN UNCHANGED.

   This means You have the right, subject to the terms of Your Policy to continue this Policy as long as You pay Your premiums on time. John Hancock cannot change any of the terms of Your Policy on its own, except that, in the future, IT MAY INCREASE THE PREMIUM YOU PAY.

   (b) WAIVER OF PREMIUM.

   We will waive the payment of premiums under this Policy if You have received services for which benefits are payable under the Long-Term Care Benefit. The waiver period will start the day after Your Elimination Period has been satisfied and will end on the date when benefits are no longer payable. The premium will not be waived, however, if benefits are only being received under the Stay at Home Benefit or Care Advisory Services Benefit, or the Alternate Services Benefit.

5. TERMS UNDER WHICH THE COMPANY MAY CHANGE PREMIUMS.

PREMIUMS ARE NOT GUARANTEED TO REMAIN UNCHANGED. We reserve the right to increase Your premium as of any premium due date; however, any changes in premium rates must apply to all similar policies issued in Your state on this Policy form. In addition, premium rates cannot be raised more frequently than once in every twelve month period. This means We cannot single You out for an increase because of Your advancing age, declining health, claim status or for any other reason related solely to you. However, Your rates may go up based on the experience of all policyholders with a policy similar to Yours. We will give You at least 60 days written notice before We change premiums.

6. TERMS UNDER WHICH THE POLICY MAY BE RETURNED AND PREMIUMS REFUNDED

(a) THIRTY DAY FREE LOOK.

If You are not completely satisfied with this Policy for any reason, You may return it within 30 days from the date it was delivered to You. We will refund any premium paid within 30 days of the return, and the Policy will be treated as if it had never been issued.

(b) REFUND OF UNEARNED PREMIUMS.

Upon receipt of notice that You have died, We will refund the premium paid for any period beyond the date of death. Upon receipt of notice that You have cancelled this Policy, We will promptly refund the pro rata portion of the unused collected premium

7. THIS IS NOT A MEDICARE SUPPLEMENT POLICY.

If You are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from John Hancock. Neither John Hancock Life Insurance Company (U.S.A.) nor its agents represent Medicare, the federal government or any state government.

8. LONG-TERM CARE COVERAGE.

Policies of this category are designed to provide coverage for one or more necessary, preventative, therapeutic, rehabilitative, maintenance, or personal care services, provided in a setting other than an acute care unit of a hospital, such as in a Nursing Home, in the community, or in the home.

This Policy provides coverage for actual charges incurred for care up to the applicable Benefit Amount for covered long-term care expenses, subject to Policy limitations and requirements.

9. BENEFITS PROVIDED BY THIS POLICY

Benefit Limits Selected:

Long-Term Care Benefit Amount $_____ *(You may elect a monthly or daily option.)*

Benefit Period/Policy Limit _____

Elimination Period _____ days

Benefit Increase Option Selected _____

Optional Benefits Selected _____

_____

Important Note: You may choose either a monthly or daily Long-Term Care Benefit Amount. This choice is important as other Policy benefits are dependent upon this choice. We will provide You with information on how a choice of a monthly or daily Long-Term Care Benefit Amount will impact Policy benefits.

(a) Long-Term Care Benefit.

Subject to Policy requirements and limitations, this Policy provides coverage for actual charges up to the Long-Term Care Benefit Amount incurred by:

- Your confinement in a Nursing Home or Assisted Living Facility for Your room, board and care services (such care services being Nursing Care and Custodial Care);
- Home Health Care (including incidental homemaker services), , or
- attendance at an Adult Day Care Center providing Adult Day Care.

Any unused portion of Your Long-Term Care Benefit Amount will remain in the Policy Limit. Any benefit paid under this provision will reduce Your Policy Limit.

We will not pay benefits for charges during the Elimination Period, except for Care Advisory Services, Hospice Care not reimbursable under Medicare, and the Additional Stay at Home Benefit. Elimination Period (waiting period) means the number of Dates of Service that would otherwise be covered by this Policy, for which We will not pay benefits.

Only one complete Elimination Period needs to be satisfied while Your Policy is in force.

The Elimination Period starts on the first Date of Service. A Date of Service will only count toward Your Elimination Period if You have been certified by a Licensed Health Care Practitioner as a Chronically Ill Individual.

For purposes of Home Health Care only, a Date of Service will only count toward Your Elimination Period if You have received at least 2-hours of covered care on that date and such care is not primarily Incidental Homemaker Services.

No Date of Service may be counted as more than one day towards the satisfaction of Your Elimination Period. The Dates of Service used to satisfy Your Elimination Period do not need to be consecutive and may be accumulated under separate claims.

Limited Benefit for Independent Home Care Providers

In the event a Home Health Agency is not available within a 40-mile radius of Your Home, We will pay the actual charges incurred by You for Home Health Care in Your Home provided by an Independent Home Health Care Provider up to 75% of the Long-Term Care Benefit Amount.

Bedhold Benefit

If Your stay in a Nursing Home or Assisted Living Facility is interrupted for any reason and a benefit is payable under this Policy, We will continue to pay the actual charges for up to 60-days in any calendar year in order to reserve Your bed during Your absence.

(b) Additional Benefits

- Care Advisory Services Benefit.

  We will pay the Care Advisory Services Benefit up to the Care Advisory Services Benefit. This benefit is equal to 1/3 of the Long-Term Care Benefit Amount if the monthly option is chosen or 10-times the Long-Term Care Benefit Amount if the daily option is chosen.

  Care Advisory Services include: an assessment of the need for long-term care services; the development of a plan of care that is consistent with the assessment; coordination of the delivery of care and services; and monitoring the care and services delivered. You must meet the eligibility requirements in the Policy.

  You do not have to satisfy the Elimination Period to receive this benefit. Benefits paid under the Care Advisory Services Benefit do not reduce the Policy Limit.

- Additional Stay at Home Benefit.

  The Stay at Home Benefit can be used to pay for a variety of Your long-term care expenses while You are living in Your Home that are not otherwise covered under the Policy. Stay at Home Services include:

  - Home Modifications;
  - Emergency Medical Response Systems;
  - Durable Medical Equipment;
  - Caregiver Training;
  - Home Safety Check; and
  - Provider Care Check.

  The Additional Stay at Home Lifetime Benefit Amount is equal to 1-times the Long-Term Care Benefit Amount if the monthly option is chosen or 30-times the Long-Term Care Benefit Amount if the daily option is chosen.

  Benefits paid under the Additional Stay at Home Benefit will not reduce the Policy Limit. You do not have to satisfy the Elimination Period to receive benefits under the Additional Stay at Home Benefit.

  The days for which You receive only the Additional Stay at Home Benefit do not count toward the Elimination Period. You may receive benefits under the Long-Term Care Benefit and/or Care Advisory Services Benefit while receiving benefits under the Additional Stay at Home Benefit.

- Alternate Services Benefit.

  The Alternate Services Benefit allows You to use Your Policy's benefits to cover long-term care services not expressly covered by the Policy. Such services must be less expensive than the amount We would otherwise pay for such long term care services. The Alternate Plan of Care as well as the benefit levels to be payable, must be agreed upon by You and Us.

- Return of Premium upon Death Benefit.

  Important Notice - The Return of Premium Benefit is not applicable to You if You are age 65 or older.

  If You die before Your 65th birthday, We will pay to Your beneficiary a Return of Premium upon Death Benefit if Your Policy is in force on the date of Your death. The Return of Premium upon Death Benefit will be calculated by subtracting the sum of all benefits paid under Your Policy for charges incurred prior to the date of Your death from the sum of all premiums paid for Your Policy (accumulated without interest).

  Important Notice Regarding Federal Income Tax Law – Please note that the payment of the Return of Premium Benefit may have Federal Income Tax implications for Your estate or beneficiary. You are advised to review this benefit with a qualified tax professional or attorney to determine any such tax impact.

- Double Coverage for Accident Benefit.

  (This benefit will only be included in the Policy if You: have met Our underwriting guidelines for this benefit; and are under age 65 at the time of an Accidental Injury.)

  If You become eligible for benefits under this Policy due to an Accidental Injury prior to Your 65th birthday, We will pay the actual charges incurred by You for Long-Term Care Services up to the Double Coverage for Accident Benefit Amount. The Double Coverage for Accident Benefit Amount is equal to 2-times the Long-Term Care Benefit Amount. Benefits paid in excess of the Long-Term Care Benefit Amount will ***not*** be deducted from the Policy Limit.

  We will never pay more than the actual charges You incur for care and services covered by this Policy. Payment of the Double Coverage for Accident Benefit will begin only after You have satisfied Your Elimination Period.

  Benefits payable under the Double Coverage for Accident Benefit will terminate when You are no longer a Chronically Ill Individual. If You suffer an additional loss or condition after You recover from an Accidental Injury, but that loss or condition does not result primarily from an Accidental Injury, You will not qualify for payment of the Double Coverage for Accident Benefit.

(c) Eligibility for Payment of Benefits.

You are eligible for benefits under this Policy if You are a Chronically Ill Individual. You are a Chronically Ill Individual if:

- are unable to perform without Substantial Assistance from another individual at least two Activities of Daily Living due to the loss of functional capacity for a period expected to last at least 90 days; or
- You require substantial supervision to protect Yourself from threats to health and safety due to the presence of a Cognitive Impairment.

Activities of Daily Living mean the following activities: bathing, continence, dressing, eating, toileting, and transferring.

Cognitive Impairment means a deficiency in a person's short-term or long-term memory; orientation as to person, place, and time; deductive or abstract reasoning; or judgment as it relates to safety awareness.

(d) Conditions.

To receive benefits under this Policy:

- Your Elimination Period must have been satisfied;
- You must receive covered care or services while this Policy is in effect;
- You must receive care or services that are consistent with and specified in Your Plan of Care; and
- We must receive a current Plan of Care and written Proof of Loss, both of which are acceptable to Us.

Because this Policy is intended to be tax-qualified under federal law, a written Certification from a Licensed Health Care Practitioner that You are a Chronically Ill Individual is required.

This written certification must be renewed and submitted to Us every 12 months.

(e) Optional Benefits.

You may elect any of the optional benefits listed. You must pay an additional premium for any of the optional benefits elected.

- [SharedCare.

  The SharedCare Rider allows Your Partner to access benefits under Your Policy if Your Partner first exhausts the available benefits payable under his or her policy. You and Your Partner may both receive benefits under Your Policy at the same time. In no event will We pay benefits that exceed the maximum Policy Limits of both policies combined. Your Partner must also have added an identical SharedCare Benefit Rider to his/her policy naming You as Covered Person for that policy.

- Survivorship and Waiver of Premium Benefit.

  The Survivorship and Waiver of Premium Benefit rider provides that Your premiums will be waived in the event Your Partner dies or goes on claim after both policies have been inforce for at least 10 years and no claims were payable in the first 10 years. Payments will resume if Your Partner's premiums are no longer waived or Your Partner's policy terminates.

- Waiver of the Elimination Period for Home Care.

  We will waive the requirement that you satisfy the Elimination Period if You are receiving Home Health Care, or Adult Day Care. The Elimination Period must still be satisfied before benefits are payable under Long-Term Care Benefit for confinement in a Nursing Home or an Assisted Living Facility. However, days which the Home Health Care Elimination Period is waived will count toward meeting the facility Elimination Period.

- Additional Cash Benefit.

  In addition to the monthly or daily benefits, this rider will provide a cash indemnity in order to help You stay at home. No benefit is payable in any month if You are confined in a Nursing Home or Assisted Living Facility at least one day during the calendar month. The Additional Cash Benefit Amount is equal to 15% of the Long Term Care Benefit Amount (if You elect the monthly option) or 4.5 times the Long-Term Care Benefit Amount (if You elect the daily option). A benefit paid under the Additional Cash Benefit will not reduce the Policy Limit. Payment of the Additional Cash Benefit Amount will begin only after You have satisfied Your Elimination Period.

  Important Notice Regarding Federal Income Tax Law in the Event You Elected a Long-Term Care Benefit Amount in Excess in Excess of Per Diem Limitation

  Benefits paid under the Additional Cash Benefit are subject to certain aggregation rules under the Internal Revenue Code Section 7702B for purposes of Federal Income Tax calculation. This means that Monthly Cash Benefits will be aggregated with other benefits paid for You under the Policy. In the event that total payments exceed the "Per Diem Limitation" for that period, any benefits paid in excess of such limitation are includable in gross income. You are advised to review this benefit with a qualified tax professional or attorney to determine any such tax impact.]

- Nonforfeiture Benefit.

  If Your Policy lapses because You have not paid the premium within the Grace Period, after being in force at least three years (or one-year if You elect a limited pay option), it will remain in force with a reduced policy limit equal to the sum of the premiums You have paid.

  In the event that You do not elect the Nonforfeiture Benefit, Your Policy will contain the Contingent Nonforfeiture Benefit provision.

  The Contingent Nonforfeiture Benefit provides that in the event We increase rates by more than a specified amount shown in the Contingent Nonforfeiture provision, We will provide You with the opportunity to: pay the increased premium, decrease Your benefits to a level supported by Your current premium, or elect the Contingent Nonforfeiture Benefit. Under the Contingent Nonforfeiture Benefit, Your Policy will remain in force with a reduced policy limit equal to the sum of the premiums You have paid. This means that a reduced benefit will be payable instead of the full Policy Limit.

10. LIMITATIONS AND EXCLUSIONS

In addition to the Conditions to qualify for benefits set forth above, the following limitations and exclusions apply to the Policy.

(a) Exclusions.

This Policy does not cover care, treatment or charges:

- for intentionally self-inflicted injury.
- required as a result of alcoholism, alcohol abuse, or drug addiction (unless drug addiction was a result of the administration of drugs as part of treatment by a Physician).
- due to war (declared or undeclared) or any act of war, or service in any of the armed forces or auxiliary units.
- due to participation in a felony, riot or insurrection.
- normally not made in the absence of insurance.
- provided by a member of Your Immediate Family, unless:
  - the family member is one of the following professionals -- a duly licensed registered nurse, licensed vocational nurse, licensed practical nurse, physical therapist, occupational therapist, speech therapist, respiratory therapist, licensed social worker, or registered dietitian; and
  - the family member is a regular employee of a Nursing Home, Assisted Living Facility, Home Health Care Agency or Adult Day Care Center which is providing the services;
  - the organization receives the payment for the services; and
  - the family member receives no compensation other than the normal compensation for employees in his or her job category.
- provided outside the fifty United States and the District of Columbia except as described in the International Coverage section of this Policy.

(b) Non-Duplication of Benefits.

This Policy will only pay covered charges in excess of charges covered under any of the following:

- Medicare (including amounts not reimbursable by Medicare such as a Medicare deductible or coinsurance amounts). This means that this Policy does not pay for Your Medicare deductibles or coinsurance.
- any other governmental program (except Medicaid).
- any workers' compensation law, employer's liability or occupational disease law, or any motor vehicle no-fault law.

(c) Charges not Covered.

We will not pay for any of the following: Physician's charges; hospital and laboratory charges; prescription or non-prescription medication; medical supplies; durable medical equipment (except as described in the Additional Stay at Home Benefit) and shipping charges for such equipment; any transportation or mileage charge; items and services furnished at Your request for beautification, comfort, convenience or entertainment; room and board charges for independent living quarters in a continuing care retirement community or similar entity; any type of residential upkeep, construction, renovation, or home maintenance (such as painting or plumbing); lawn/yard care; snow removal; or vehicle or equipment upkeep; and charges for care or services which are not included in and/or are inconsistent with Your Plan of Care.

(d) Limitations

We will not pay benefits in excess of the Policy Limit except for the Additional Stay at Home Benefit and Care Advisory Services. We will not pay benefits for charges during the Elimination Period except for the Additional Stay at Home Benefit, Hospice Care not reimbursable under Medicare, and Care Advisory Services. We will only pay benefits for services specified in the Plan of Care. We will determine services under the Plan of Care for which benefits are payable, and the amount of such benefits, which shall not exceed charges normally made for similar care, services or other items in the locality where they are received.

THIS POLICY MAY NOT COVER ALL THE EXPENSES ASSOCIATED WITH YOUR LONG-TERM CARE NEEDS.

11. RELATIONSHIP OF COST OF CARE AND BENEFITS

Because the costs of long-term care services will likely increase over time, You should consider whether and how the benefits of this Policy may be adjusted. The benefit level(s) of this Policy will not increase over time, unless You have elected to purchase Inflation Coverage. You are guaranteed the option to buy Inflation Coverage.

The Policy contains the option to purchase: [CPI Compound Inflation Coverage; CPI Compound Inflation Coverage Through Age 75; Benefit Builder;] 5% Compound Inflation Coverage[; 3% Compound Inflation Coverage; or a Guaranteed Purchase Option]. These options are described at the end of this Outline of Coverage.

12. ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN DISORDERS

We cover brain disorders with demonstrable organic cause (including Alzheimer's Disease and similar forms of senility and irreversible dementia) that result in a Cognitive Impairment which are diagnosed by a Physician after the Effective Date of Coverage.

13. PREMIUMS

The total premium for Your Policy as well as a breakdown of the premium by base policy and optional benefits are found below.

Annual Premium

Base Policy (includes inflation, if any)	$_____
• [SharedCare	$_____
• Survivorship-Waiver of Premium Benefit	$_____
• Waiver of the Elimination Period For Home Care	$_____
• Additional Cash Benefit	$_____
• Nonforfeiture	$_____
Total Annual Premium	$_____

Your premium will be $ _____ on a _____ basis.**]

** You may elect to pay Your premium on an annual, semi-annual, quarterly or monthly basis. Please note that the more often you pay, the higher your premium amount will be per year. Additional premium charges are included for semi-annual, quarterly, and monthly premiums. These charges are called "modal fees". These fees are based upon the following modal factors and are used to determine the premium amount for all payment options. The modal factors are 1.00 for annual, .52 for semi-annual, .27 for quarterly and .09 for monthly.

To calculate Your approximate total annual premium payment based on Your current policy selection:

- Multiply the "Total Annual Premium" as shown in the box above by the factor associated with Your selected mode of payment, and then
- Multiply that result by the number of payments required in a year based upon Your selected payment mode.

14. ADDITIONAL FEATURES

(a) Issuance of Your coverage will depend upon certain medical information about You. This is generally known as medical underwriting.

(b) This Policy provides added protection against lapse. You may name another person on the application to receive a termination notice 30 days after the premium due date. If Your Policy terminates because You did not pay a premium while You would meet the eligibility requirements for the payment of benefits, it may be reinstated within 5 months of the date of termination if:

- You give Us proof of the Cognitive Impairment or Your inability to perform 2 of the Activities of Daily Living without Substantial Assistance; and
- You pay all the unpaid overdue premiums.

(c) This Policy includes an International Coverage Benefit. The International Coverage Benefit provides that we will pay actual charges incurred for covered Long-Term Care Services up to the International Coverage Benefit for care received outside the United States.

The International Coverage Benefit will not be paid in excess of an amount equal to:

- 365-times the Long-Term Care Benefit Amount if You elected the daily Benefit Amount option; or
- 12-times the Long-Term Care Benefit Amount if You elected the monthly Benefit Amount option.

No benefits under the International Coverage Benefit are payable for: the Additional Stay at Home Benefit, the Double Coverage for Accident Benefit (if included in Your Policy); Care Advisory Services; or the Limited Benefit for Independent Home Care Providers.

15. CONTACT THE STATE AGENCY LISTED IN *A SHOPPER'S GUIDE TO LONG-TERM CARE INSURANCE* IF YOU HAVE GENERAL QUESTIONS REGARDING LONG-TERM CARE INSURANCE. CONTACT THE INSURANCE COMPANY IF YOU HAVE SPECIFIC QUESTIONS REGARDING YOUR LONG-TERM CARE INSURANCE POLICY OR CERTIFICATE.

INFLATION PROTECTION AVAILABLE FOR YOUR LONG-TERM CARE INSURANCE POLICY

[BENEFIT BUILDER

Benefit Builder allows You to increase Your Policy benefits over time by way of Automatic Crediting and the Buy-Up Option.

- Automatic Crediting allows Your Policy benefits to grow gradually over time with no corresponding increase in premium, by using Excess Earnings Credits, if any, to automatically increase Your benefits.
- The Buy-Up Option provides You with the opportunity to elect to increase Your Policy benefits for an additional premium every three years.

Please note the following terms:

- Allocated Reserve Value refers to the portion of assets attributed to Your Policy in the Portfolio. Allocated Reserve Values are related to the amount of premiums that have been paid into the Policy plus investment earnings less expenses and past expected claims. The Allocated Reserve Value will be re-determined on each Policy Anniversary to account for the impact from benefit changes and/or benefit additions. In the event of a future inforce rate increase on this Policy, the Allocated Reserve Value will not change.

- The Annual Benefit Increase Amount is equal to the Excess Earnings Credit divided by a single premium rate then in effect and on file with the applicable regulator. In the event of a future inforce rate increase on this Policy the single premium rate applied to new Excess Earnings Credits will be revised to reflect updated assumptions, subject to approval by the applicable regulator.

- The Excess Earnings Credit is determined on each Policy Anniversary and is based upon the following formula:

  ((Portfolio Rate of Return in effect as of the current Policy Anniversary – 3%)
  times the Allocated Reserve Value as of the current Policy Anniversary)
  minus any adjustment for negative Excess Earnings Credits occurring in prior years.

- Portfolio means the subset of Our general account that contains the assets which support the benefits for policies that include this Endorsement. The Portfolio may also support other policies with similar features and benefits as this Endorsement. The assets in the Portfolio may change over the life of a Policy. We have sole discretion over the assets of Our general account and policyholders do not have any preferential claim on those assets. We reserve the right to close the Portfolio to future applicants and establish a new Portfolio for such business.

- Portfolio Rate of Return means the annual rate of return (net of investment expenses) earned on the assets in the Portfolio. Returns are not guaranteed.

Automatic Crediting

We will calculate the Excess Earnings Credit on each Policy Anniversary. When the Excess Earnings Credit is a positive number, We will increase the current Long-Term Care Benefit Amount by the Annual Benefit Increase Amount. When the Long-Term Care Benefit Amount is increased, the remaining Policy Limit (as well as other remaining Benefit Amounts listed in the Policy Schedule) will be increased by the same percentage as the increase in the Long-Term Care Benefit Amount.

In the event the Excess Earnings Credit is less than or equal to zero, We will not reduce the Long-Term Care Benefit Amount by such decrease on the Policy Anniversary. However, We will offset any such decreases when calculating future Excess Earnings Credits. This means that there may be no benefit increases (or a reduced benefit increase) even in years where the Portfolio Rate of Return is greater than 3% until such time that the amount offset for all prior years has been recouped.

Important Notice - Allocated Reserve Values will grow over time as each year's premium is collected. Therefore, there will be little or no benefit increases in the early years of Your Policy. Automatic Crediting may not be sufficient to fully keep up with inflation.

Buy-Up Option

Important Notice: The Buy-Up Option is not applicable to You if You are paying Your premium via the Twenty-Year Premium Payment Option or the Paid up at Age 75 Payment Option or if You purchased the Survivorship and Waiver of Premium Benefit.

Option Dates

Subject to the limitations described below and starting as of the third anniversary of the Effective Date of Coverage and every third anniversary thereafter through age 75 (the "Option Dates"), We will offer You the option to increase Your Long-Term Care Benefit Amount by purchasing an additional amount of coverage equal to 10% of the current Long-Term Care Benefit Amount that was in effect immediately prior to that Option Date. As such, any Annual Benefit Increase Amount earned for that Policy Anniversary will not be included in the calculation of the Buy-Up Option. No additional underwriting will be required.

We must receive Your written election within 31-days after the applicable Option Date or Your right to elect that increase will expire.

When the Long-Term Care Benefit Amount is increased under the Buy-Up Option, the remaining Policy Limit (as well as any remaining Benefit Amounts listed in the Policy Schedule) will be increased by the same percentage as the increase in the Long-Term Care Benefit Amount and rounded to the nearest dollar.

Important Notice:

If your age on the Effective Date of Coverage is younger than 65: You will have the opportunity to accept Buy-Up Options through age 75. If you decline a Buy-Up Option, that increase will not be available on any future date. You will, however, still have an opportunity to accept future Buy-Up Options through age 75 as long as you have only declined one Buy-Up Option. If you decline two Buy-Up Options, no future offers will be made.

If your age on the Effective Date of Coverage is 65 or older: You will have the opportunity to accept Buy-Up Options through age 75 only if You accepted each prior offer. If You decline any Buy-Up Option, no future offers will be available to You.

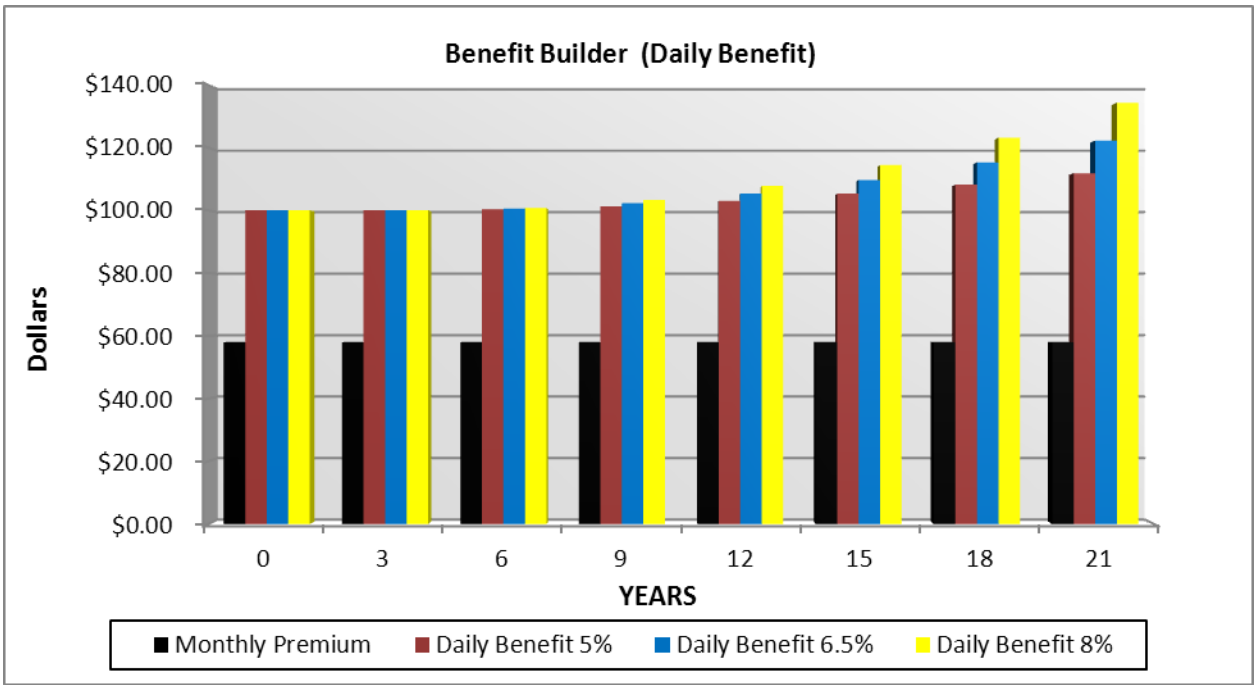
However, You may request to resume such offers by making the request to Us in writing and provide evidence of insurability satisfactory to Us. Any resumed offers will be subject to all of the conditions of this Endorsement.

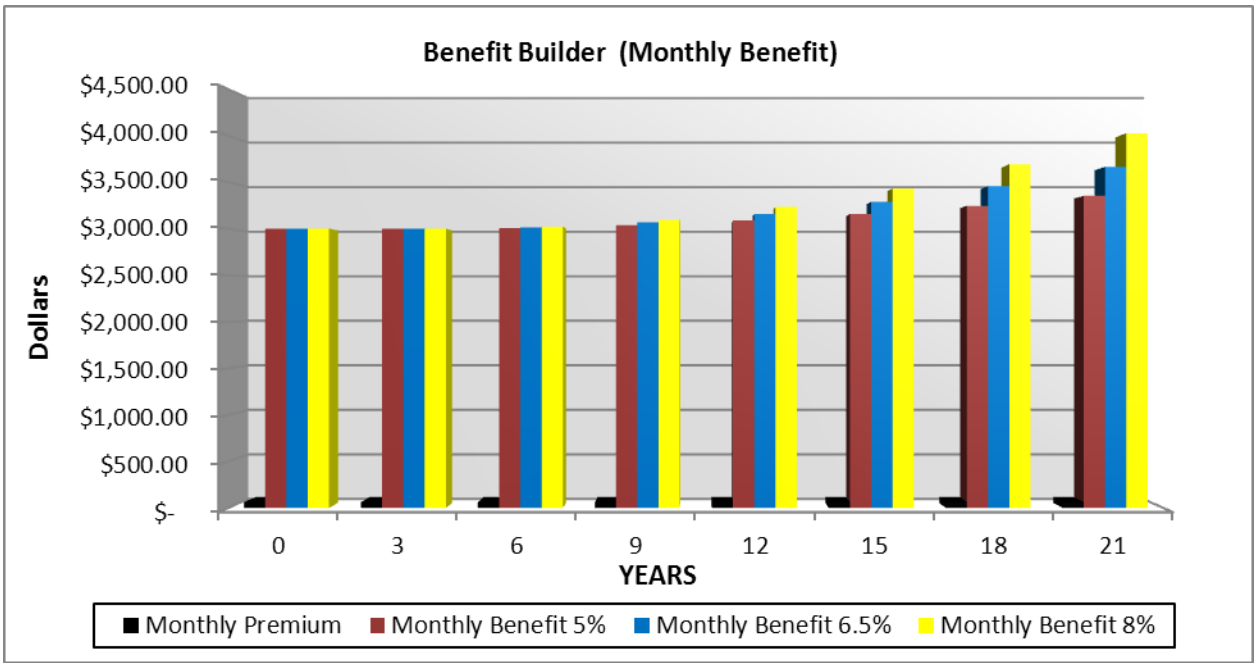
The increase on any Option Date will not be available to You (and, if requested, will not take effect) if:

- You were a Chronically Ill Individual at any time during the two year period prior to the Option Date; or
- You have ever received benefits under this Policy; or
- the Option Date occurs on or after Your 76th birthday.

The graphs below show the change in the daily or monthly Benefit Amount and the monthly premium under three possible scenarios assuming a hypothetical annual Portfolio Rate of Return of 5%, 6.5% and 8%.

The graphs illustrate a policy which has been issued to a person who is age 50 and has chosen a monthly Long-Term Care Benefit Amount of $3,000 or daily Long-Term Care Benefit Amount of $100, and a 3-year Benefit Period, assuming no Buy-Up Options were elected.





CPI COMPOUND INFLATION COVERAGE AND GUARANTEED INCREASE OPTION

CPI Compound Inflation Coverage:

Under this option, Your Long-Term Care Benefit Amount will be increased on each Policy anniversary by the percentage change in the non-seasonally adjusted Consumer Price Index (CPI) three months prior to Your Policy anniversary as compared to the same month's CPI one year prior and rounded to the nearest dollar.

In the event the CPI decreases, We will not reduce the Long-Term Care Benefit Amount by such CPI decrease on the Policy anniversary. However, We will offset any such CPI decreases when calculating future CPI increases to the Long-Term Care Benefit Amount.

The premium for the CPI Compound Inflation Coverage is included in the Policy premium. Your premium will not change for any annual automatic CPI compound increase, except as described in the Policy.

Guaranteed Increase Option:

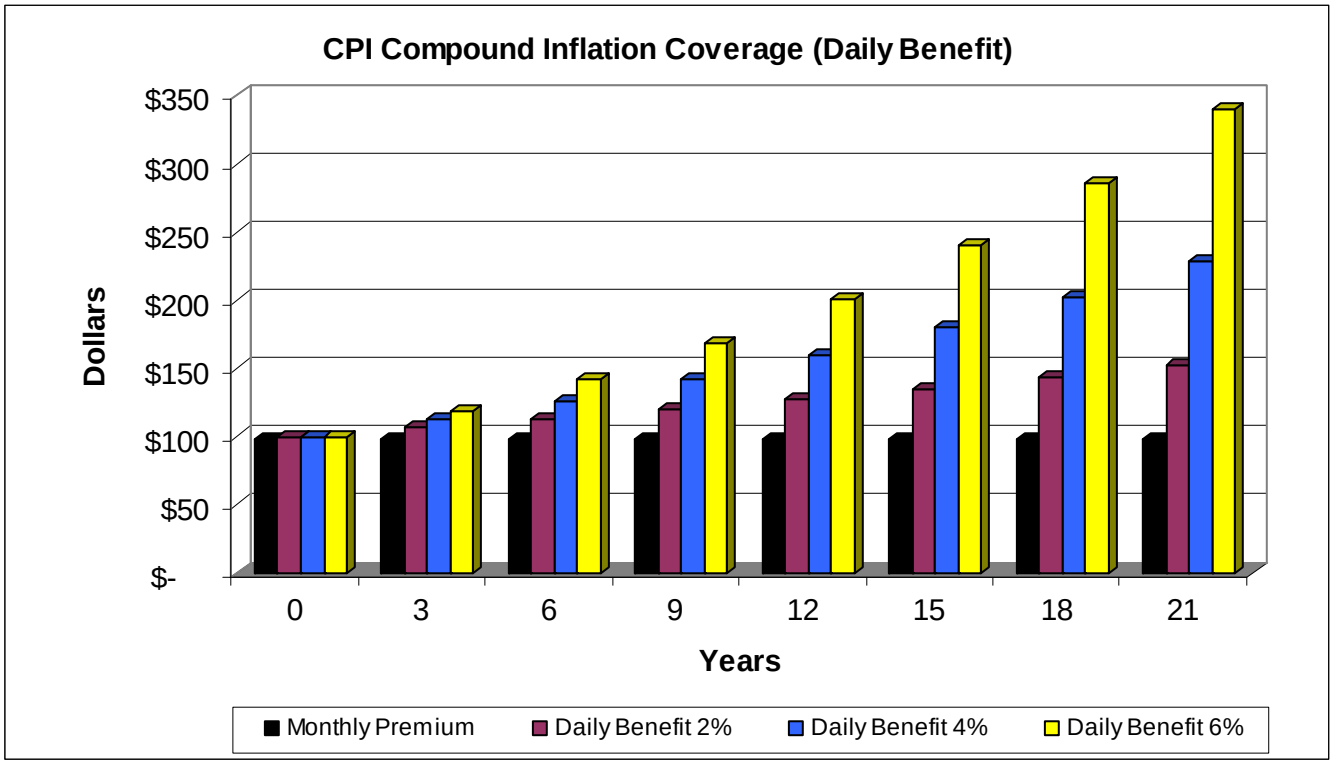
Important Notice: The Guaranteed Increase Option is not applicable to You if: You are paying Your premium via the Twenty-Year Premium Payment Option or the Paid-Up at Age 75 Payment Option; or if You have elected the Survivorship and Waiver of Premium Benefit.

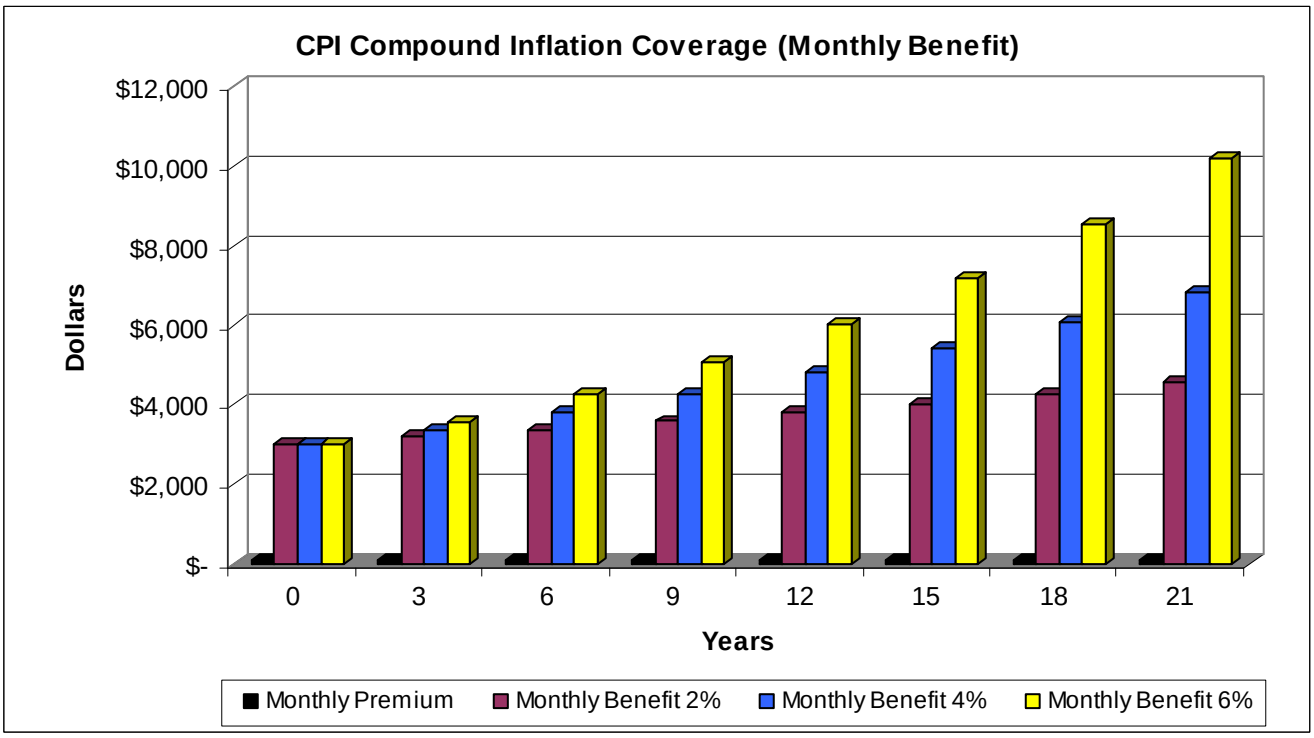
Effective as of the third anniversary of the Effective Date of Coverage and every third anniversary thereafter (the "Option Dates"), We will offer You the option to increase Your Long-Term Care Benefit Amount by purchasing an additional amount of coverage equal to 5% of the Long-Term Care Benefit Amount that was in effect immediately prior to that Option Date. This increase is in addition to the annual automatic CPI compound increase described above. No additional underwriting will be required. If You elect an increase under the Guaranteed Increase Option, the amount of the annual automatic CPI compound increase on that Option Date will be based on Your Long-Term Care Benefit Amount prior to this additional purchase.

We must receive Your written election within 31-days after the applicable Option Date or Your right to elect that increase will expire. The premium for any increase under this Guaranteed Increase Option (including any corresponding premium for any optional benefit riders/endorsements that You have elected and are part of Your Policy) will be based on Your age on the Option Date and the premium rates then in effect. The increase on any Option Date will not be available to You (and, if requested, will not take effect) if: You were a Chronically Ill Individual during the two year period prior to the Option Date; or the Option Date occurs on or after Your 76th birthday.

After You decline the offer of an optional increase on any two Option Dates, no future offers will be available to You. However, You may request to resume such offers by making the request to Us in writing and provide evidence of insurability satisfactory to Us. Any resumed offers will be subject to all conditions of this Endorsement.

The graphs below show the change in the daily or monthly Benefit Amount and the monthly premium under three possible scenarios – increases in coverage assuming a constant 2%, 4% or 6% change in the CPI. The graphs illustrate a policy which has been issued to a person who is age 50 and has chosen a monthly Long-Term Care Benefit Amount of $3,000 or daily Long-Term Care Benefit Amount of $100, and a 3-year Benefit Period.


CPI Compound Inflation Coverage (Daily Benefit)
$350
$300
$250
$200
$150
$100
$50
$-
Dollars
0
3
6
9
12
15
18
21
Years
Monthly Premium
Daily Benefit 2%
Daily Benefit 4%
Daily Benefit 6%


CPI Compound Inflation Coverage (Monthly Benefit)
$12,000
$10,000
$8,000
$6,000
$4,000
$2,000
$-
Dollars
0
3
6
9
12
15
18
21
Years
Monthly Premium
Monthly Benefit 2%
Monthly Benefit 4%
Monthly Benefit 6%

CPI COMPOUND INFLATION COVERAGE THROUGH AGE 75 AND GUARANTEED INCREASE OPTION

CPI Compound Inflation Coverage Through Age 75:

Under this option, Your Long-Term Care Benefit Amount will be increased on each Policy anniversary through age 75 by the percentage change in the non-seasonally adjusted Consumer Price Index (CPI) three months prior to Your Policy anniversary as compared to the same month's CPI one year prior and rounded to the nearest dollar.

In the event the CPI decreases, We will not reduce the Long-Term Care Benefit Amount by such CPI decrease on the Policy anniversary. However, We will offset any such CPI decreases when calculating future CPI increases to the Long-Term Care Benefit Amount.

The premium for the CPI Compound Inflation Coverage Through Age 75 is included in the Policy premium. Your premium will not change for any annual automatic CPI compound increase, except as described in the Policy.

There will be no further increases under this Endorsement on or after Your 76^{h} birthday. After such date has been reached all annual benefit increases under this provision will stop.

Guaranteed Increase Option:

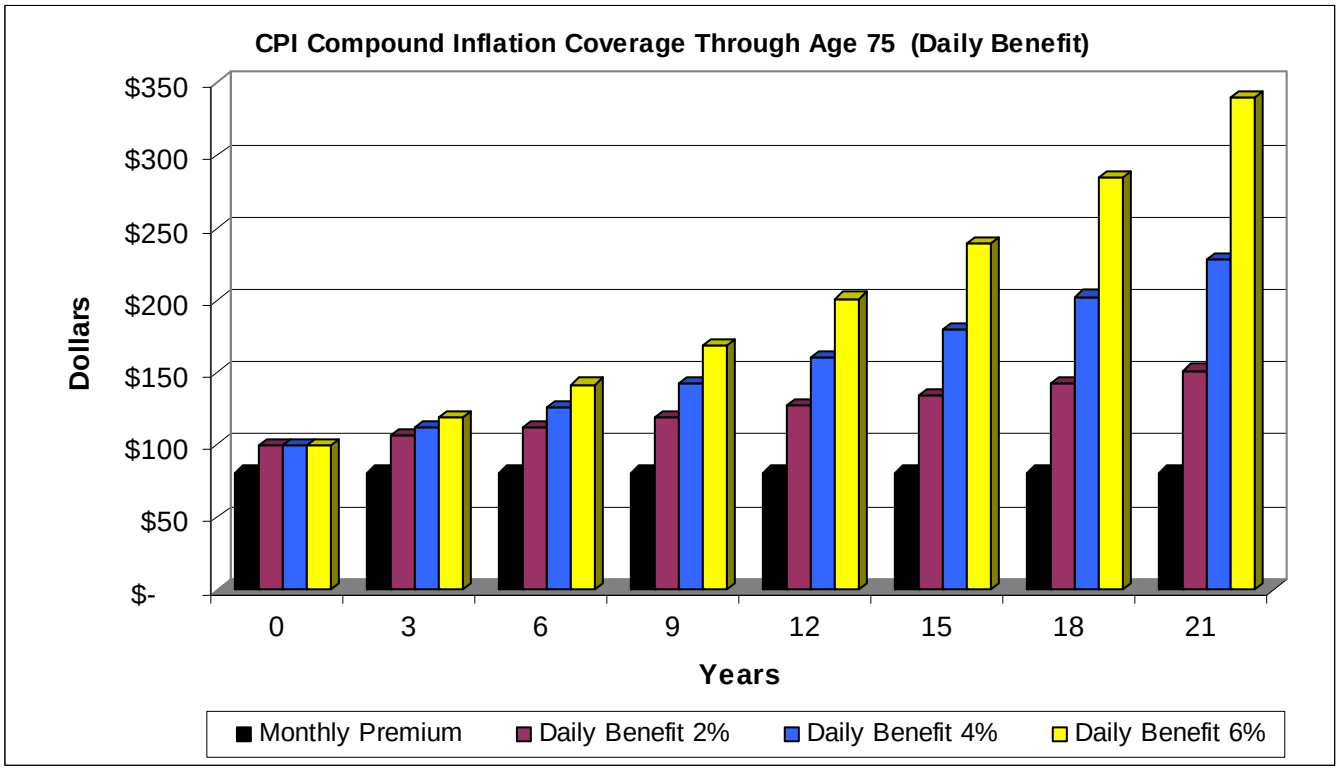
<u>Important Notice</u> – The Guaranteed Increase Option is not applicable to You if: You are paying Your premium via the Twenty-Year Premium Payment Option or the Paid-Up at Age 75 Payment Option; or if You have elected the Survivorship and Waiver of Premium Benefit.

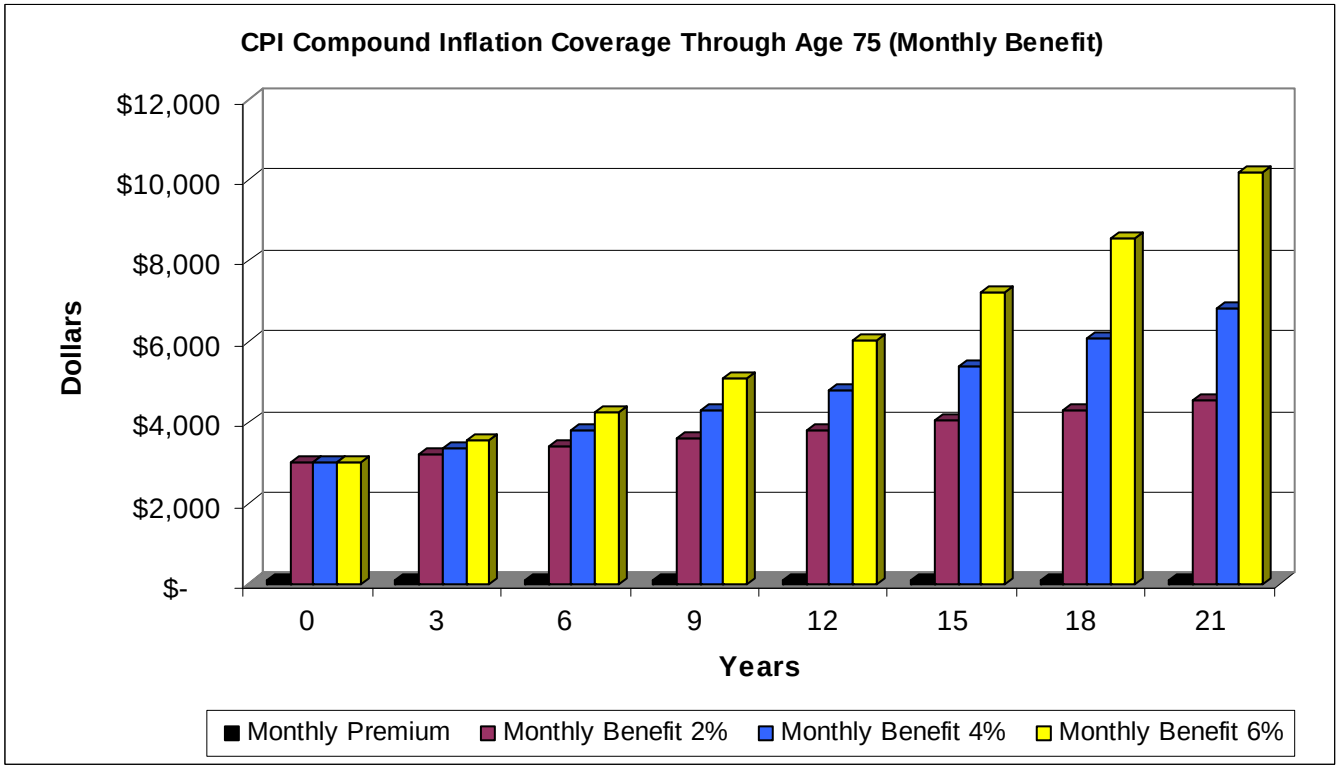
Effective as of the third anniversary of the Effective Date of Coverage and every third anniversary thereafter through age 75 (the "Option Dates"), We will offer You the option to increase Your Long-Term Care Benefit Amount by purchasing an additional amount of coverage equal to 5% of the Long-Term Care Benefit Amount that was in effect immediately prior to that Option Date. This increase is in addition to the annual automatic CPI compound increase described above. No additional underwriting will be required. If You elect an increase under the Guaranteed Increase Option, the amount of the annual automatic CPI compound increase on that Option Date will be based on Your Long-Term Care Benefit Amount prior to this additional purchase.

We must receive Your written election within 31-days after the applicable Option Date or Your right to elect that increase will expire. The premium for any increase under this Guaranteed Increase Option (including any corresponding premium for any optional benefit riders/endorsements that You have elected and are part of Your Policy) will be based on Your age on the Option Date and the premium rates then in effect. The increase on any Option Date will not be available to You (and, if requested, will not take effect) if: You were a Chronically Ill Individual during the two year period prior to the Option Date; or the Option Date occurs on or after Your 76th birthday.

After You decline the offer of an optional increase on any two Option Dates, no future offers will be available to You. However, You may request to resume such offers by making the request to Us in writing and provide evidence of insurability satisfactory to Us. Any resumed offers will be subject to all conditions of this Endorsement.

The graphs below show the change in the daily or monthly Benefit Amount and the monthly premium under three possible scenarios – increases in coverage assuming a constant 2%, 4% or 6% change in the CPI. The graphs illustrate a policy which has been issued to a person who is age 50 and has chosen a monthly Long-Term Care Benefit Amount of $3,000 or daily Long-Term Care Benefit Amount of $100, and a 3-year Benefit Period.


CPI Compound Inflation Coverage Through Age 75 (Daily Benefit)
$350
$300
$250
$200
$150
$100
$50
$-
Dollars
0
3
6
9
12
15
18
21
Years
Monthly Premium
Daily Benefit 2%
Daily Benefit 4%
Daily Benefit 6%


CPI Compound Inflation Coverage Through Age 75 (Monthly Benefit)
$12,000
$10,000
$8,000
$6,000
$4,000
$2,000
$-
Dollars
0
3
6
9
12
15
18
21
Years
Monthly Premium
Monthly Benefit 2%
Monthly Benefit 4%
Monthly Benefit 6%

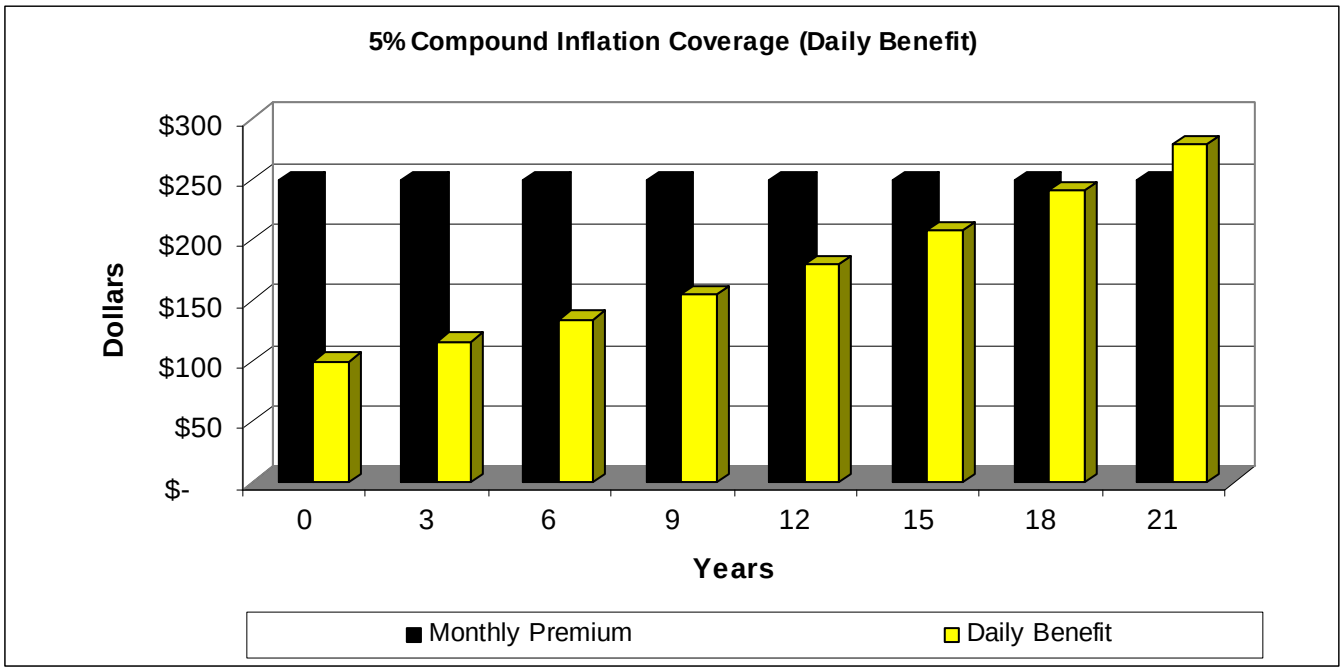
]

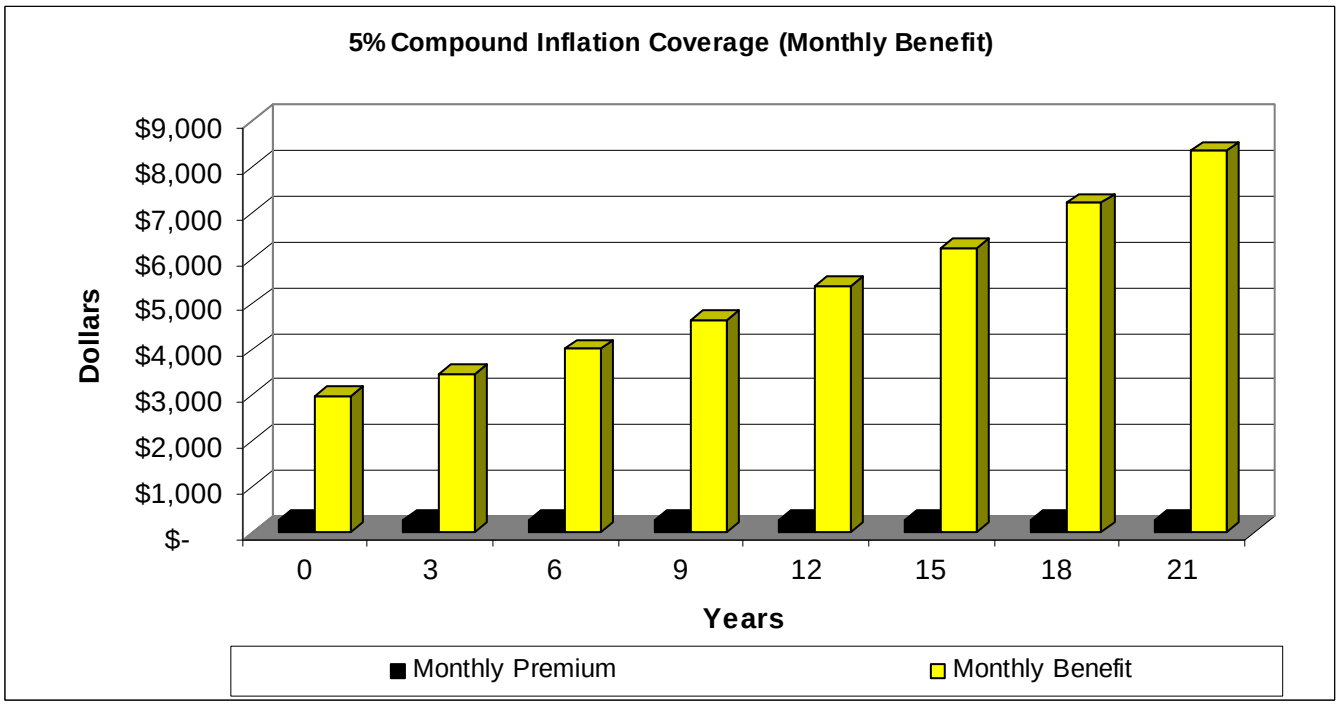
INFLATION PROTECTION AVAILABLE FOR YOUR LONG-TERM CARE INSURANCE POLICY, continued

5% COMPOUND INFLATION COVERAGE.

Your Long-Term Care Benefit Amount will increase by an amount equal to 5% of the Long-Term Care Benefit Amount in effect during the prior Policy year. The annual increase is automatic and will occur on each Policy anniversary. The premium for 5% Compound Inflation Coverage is included in the Policy premium. Your premium will not change, except as described in the Policy.

The graphs below show the change in the daily or monthly Benefit Amount and the monthly premium under 5% Compound Inflation Coverage. The graphs illustrate a policy which has been issued to a person who is age 60 and has chosen a monthly Long-Term Care Benefit Amount of $3,000 or daily Long-Term Care Benefit Amount of $100, and a 4-year Benefit Period.

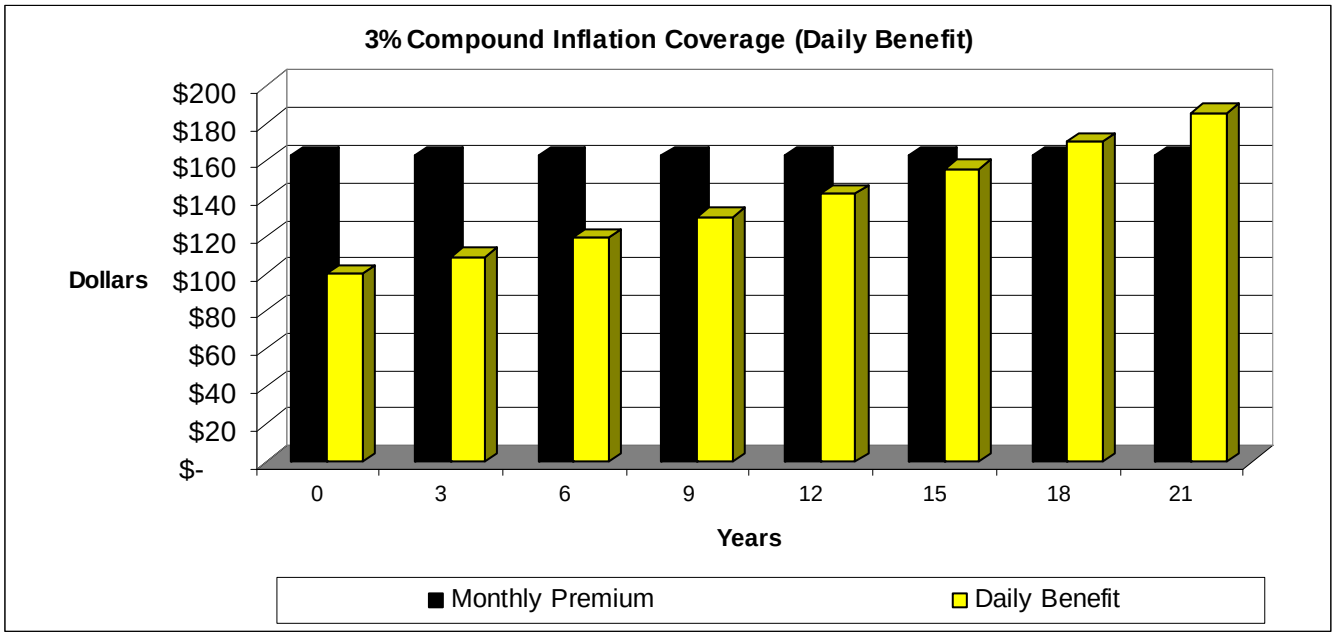


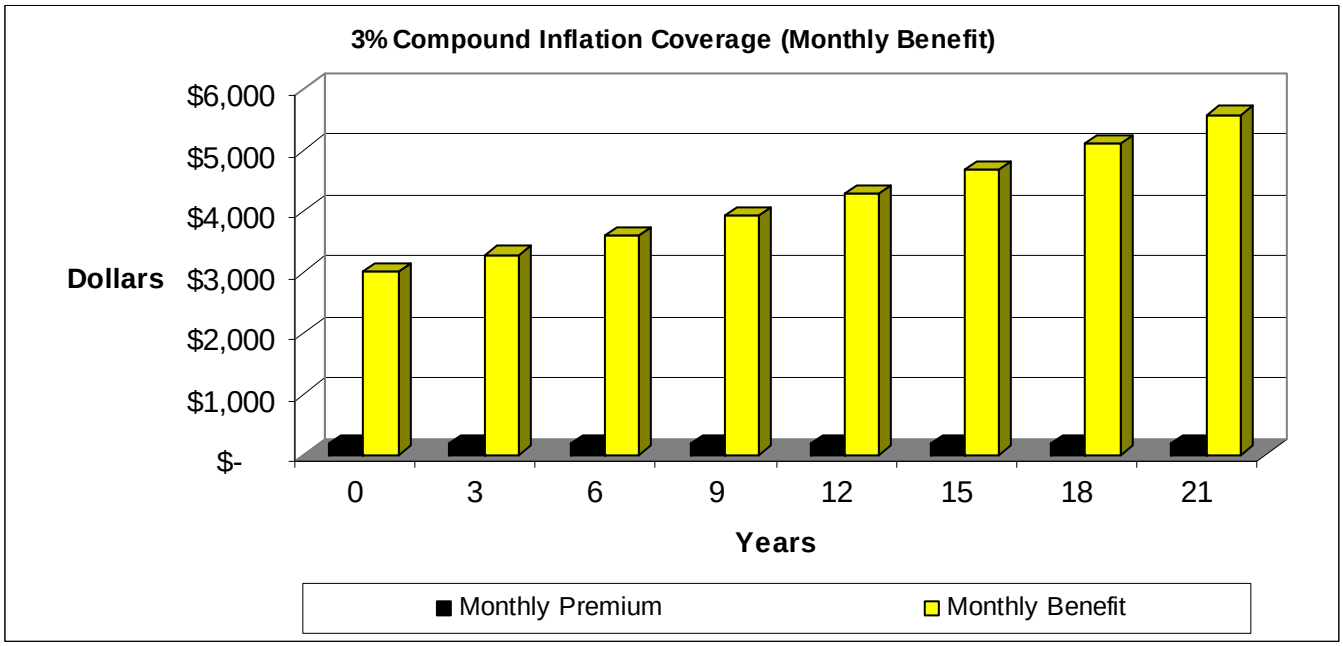


[3% COMPOUND INFLATION COVERAGE.

Your Long-Term Care Benefit Amount will increase by an amount equal to 3% of the Long-Term Care Benefit Amount in effect during the prior Policy year. The annual increase is automatic and will occur on each Policy anniversary. The premium for 3% Compound Inflation Coverage is included in the Policy premium. Your premium will not change, except as described in the Policy.

The graphs below show the change in the daily or monthly Benefit Amount and the monthly premium under 3% Compound Inflation Coverage. The graphs illustrate a policy which has been issued to a person who is age 60 and has chosen a monthly Long-Term Care Benefit Amount of $3,000 or daily Long-Term Care Benefit Amount of $100, and a 4-year Benefit Period.





]

[GUARANTEED PURCHASE OPTION.

Important Notice *The Guaranteed Purchase Option is not available to You if You are paying Your premium via the Twenty-Year Premium Payment Option or the Paid to Age 75 Payment Option or if You purchased the Survivorship and Waiver of Premium Benefit.*

As of the third anniversary of the Effective Date of Coverage and every third anniversary thereafter (the Option Dates) through age 75, You will be provided with the opportunity to increase Your Long-Term Care Benefit Amount in an amount equal to 10% of the current Long-Term Care Benefit Amount. .

The premium for any increase will be based on attained age and the premium rates then in effect. No additional underwriting will be required.

No offers will be made if You were a Chronically Ill Individual within the past 2 years prior to the Option Date or if the Option Date occurs on or after Your 76th birthday.

If You do not elect an increase when offered, that increase will not be available on any future date. You will, however, still have the opportunity to accept future offers unless You decline the offer two times. After You decline the offer of an optional increase on any two Option Dates, no future offers will be available to You. However, You may request to resume such offers by making the request to Us in writing and provide evidence of insurability satisfactory to Us. Any resumed offers will be subject to all conditions of this Endorsement.

One-Time Offer to Switch to CPI Compound Inflation Coverage On Your 65th Birthday:

We will make You a one-time written offer on Your Policy anniversary which falls on or after Your 65th birthday to switch Your Guaranteed Purchase Option to CPI Compound Inflation Coverage.

This offer will be available to You for a period of 60 days. Your premium will be equal to the difference between the premium for CPI Compound Inflation Coverage and Your Guaranteed Purchase Option coverage at your attained age for Your then current benefits.

If You are eligible for a Guaranteed Purchase offer immediately prior to You being eligible to switch to CPI Compound Inflation Coverage, You may elect such offer and then switch to CPI Compound Inflation Coverage.

The offer to switch Your Guarantee Purchase Option to CPI Compound Inflation will not be available to You (and, if requested, will not take effect) if You were a Chronically Ill Individual during the two year period prior to the date this offer is made to You.

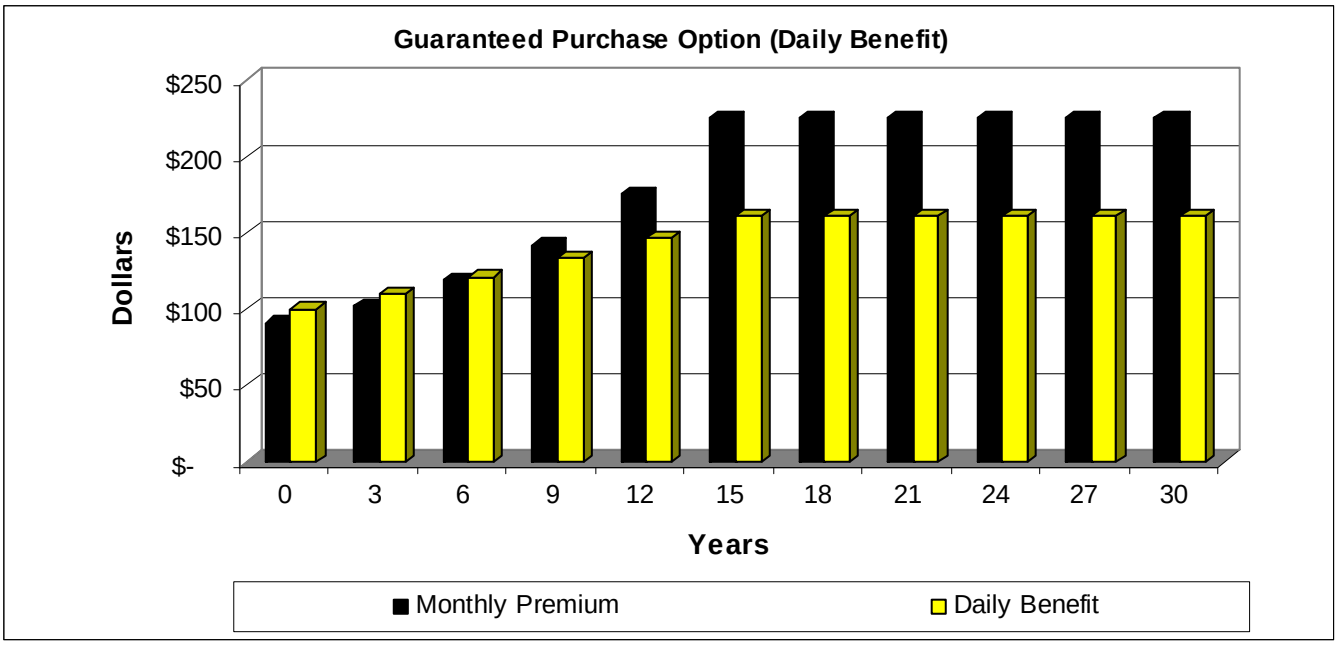
If You elect to switch to CPI Compound Inflation Coverage, You will not receive any future Guaranteed Purchase Option offers.

Guaranteed Purchase Option, continued.

The graphs below show the change in the daily or monthly Long-Term Care Benefit Amount and the monthly premium if You elect all increases available to You.

The graphs illustrate a policy which has been issued to a person who is age 60 and has chosen a monthly Long-Term Care Benefit Amount of $3,000 or daily Long-Term Care Benefit Amount of $100, and a 4-year Benefit Period. Assume the person has elected the increase on each Option Date.

(Assume that You did not elect the one-time offer to switch Your coverage to CPI Compound Inflation Coverage.)



]

CERTIFICATION OF READABILITY
State of Arkansas

Policy Form	**LTC-11 AR**
LTC-11 AR Associated Riders/Endorsements	
Benefit Builder	LTC-BLD/GIO
Application	
Reconsideration Application	LTC-INC12 AR

I certify that to the best of my knowledge and belief, the above-referenced form(s) meet or exceed the readability, legibility, and format requirements of any applicable laws and regulations in the state of Arkansas

4/4/12
Date

Marie Roche, Assistant Vice President
Name and title of officer of the Issuer

Signature of officer of the Issuer

[Control # A_____

Control # B_____]

APPLICATION FOR INDIVIDUAL LONG-TERM CARE INSURANCE

John Hancock Life Insurance Company (U.S.A.)
[1 John Hancock Place, Boston, MA 02217]

If you are applying as an individual please complete Applicant A information.

PART 1 ABOUT YOU

APPLICANT A	APPLICANT B
1a. Name	1a. Name
Last Name _____	Last Name _____
First Name _____ M.I. _____	First Name _____ M.I. _____
1b. Street Address	1b. Street Address ☐ Same as Applicant A
Number Street, Apt. # _____	Number Street, Apt. # _____
_____	_____
City, State, Zip _____	City, State, Zip _____
1c. Contact Information	1c. Contact Information ☐ Same as Applicant A
Telephone # _____	Telephone # _____
Best Time To Call _____ AM _____ PM	Best Time To Call _____ AM _____ PM
Email Address _____	Email Address _____
1d. Alternate Payor Name (if different than applicant)	1d. Alternate Payor Name (if different than applicant) ☐ Same as Applicant A
Name _____	Name _____
Number Street, Apt. # _____	Number Street, Apt. # _____
_____	_____
City, State, Zip _____	City, State, Zip _____
1e. Place and Date of Birth	1e. Place and Date of Birth
Place _____	Place _____
DOB (mm/dd/yyyy) _____	DOB (mm/dd/yyyy) _____
1f. Sex	1f. Sex
☐ Male ☐ Female	☐ Male ☐ Female
1g. Height _____' _____" Weight _____lbs	1g. Height _____' _____" Weight _____lbs
1h. Social Security Number	1h. Social Security Number
_____-____-_____	_____-____-_____

The applicant(s) must initial any corrections made to this application.

PART 2 OTHER NEEDED INFORMATION

2a. Beneficiary Designation

Please elect a beneficiary for the return of any unearned premium [and Return of Premium upon Death Benefit under age 65.] If you leave this question blank, we will designate your estate as your beneficiary. You may change your beneficiary at any time by notifying us in writing.

Name & Address (for Applicant A)_____

Name & Address (for Applicant B)_____

Please check YES or NO beside each question below.	Applicant A YES	Applicant A NO	Applicant B YES	Applicant B NO
2b. Marital/Partner Are you married?	☐	☐	☐	☐
2c. Are you in a committed relationship with a Partner or live with an immediate family member of the same generation, with whom you have been living with for at least 3 years? *Partner – means an unmarried individual, not related to you by blood or marriage that has lived with you in a committed relationship for at least 3-years.	☐	☐	☐	☐
2d. Is your Spouse, Partner or immediate family member of the same generation also applying, or does he/she currently have an existing John Hancock individual LTC insurance policy? If Yes, provide Policy #, Name, or SSN _____	☐	☐	☐	☐]
[2e. Family Discount (Cannot be combined with Valued Client or Sponsored Group Discount) Are you applying for Family Discount? If Yes, please list two other family members applying for, or who currently have, a John Hancock individual LTC insurance policy and their relationship to you. Name _____ Relationship _____ Policy# (if available) _____ _____ _____ _____	☐	☐	☐	☐
2f. Valued Client (Cannot be combined with Family Discount or Sponsored Group Discount) Do you or a member of your family currently own a Life Insurance Policy or Annuity Contract, with John Hancock or Manulife? Policy/Contract/Account # _____ Policy/Contract/Account # _____	☐	☐	☐	☐
2g. Sponsored Group (Cannot be combined with Family Discount or Valued Client) Do you belong to a Sponsored Group? If Yes, please provide: Sponsored Group # _____ Sponsored Group Name _____ (also provide proof of employment/membership with Sponsored Group)	☐	☐	☐	☐]

PART 3 INSURABILITY QUESTIONS (Underwriting Questions)

SECTION A – Should You Proceed with This Application?

Please check YES or NO beside each question below.		Applicant A YES	Applicant A NO	Applicant B YES	Applicant B NO
3a.	Do you currently have, or have you ever received medical advice, been diagnosed, examined or treated by a member of the medical profession for any of the following conditions: (check all that apply) ❑Alzheimer's Disease ❑Amyotrophic Lateral Sclerosis ❑Cognitive Impairment ❑Cystic Fibrosis ❑Dementia ❑Diabetes treated with insulin or with amputation or ongoing complications that affect the kidney ❑Huntington's Disease ❑Memory Loss ❑Mental Retardation ❑Multiple Myeloma ❑Multiple Sclerosis ❑Possible Multiple Sclerosis ❑Muscular Dystrophy ❑Neurological conditions affecting the brain or spinal cord ❑Parkinson's Disease ❑Polyneuropathy ❑Schizophrenia ❑Scleroderma ❑Spinal Cord Injury ❑Stroke/CVA ❑Transient Ischemic Attacks (TIAs) (2 or more)	☐	☐	☐	☐
3b.	Do you require mechanical or human assistance or supervision of any kind in any of the following activities: eating, dressing, toileting, transferring from bed to chair, walking, maintaining continence, and bathing?	☐	☐	☐	☐
3c.	Do you currently reside in, have you been advised to enter, or are you planning to enter a nursing home, assisted living facility, rehabilitation facility or other custodial facility, or are you currently receiving home health care services or attending adult day care?	☐	☐	☐	☐
3d.	Do you currently use any of the following medical devices: wheelchair, walker, hospital bed, quad cane, crutches, oxygen, stairlift, or dialysis?	☐	☐	☐	☐
3e.	Have you been diagnosed or treated by a member of the medical profession for HIV (Human Immunodeficiency Virus), AIDS (Acquired Immune Deficiency Syndrome) or AIDS Related Complex?	☐	☐	☐	☐

PLEASE NOTE BEFORE YOU CONTINUE WITH THIS APPLICATION:

If you answered YES to any of the questions in PART 3, SECTION A, we suggest you do not submit an application.
If you answered NO to every question, please continue.

SECTION B – Medical History

		Applicant A YES	Applicant A NO	Applicant B YES	Applicant B NO
3f.	In the last 18 months, have you been treated, examined or advised by a member of the medical profession? (If yes, complete the information below).	☐	☐	☐	☐

Applicant A	Applicant B
Date Last Seen _____	Date Last Seen _____
Physician Name _____	Physician Name _____
Street Address _____	Street Address _____
City, State, Zip _____	City, State, Zip _____
Telephone # _____	Telephone # _____

PART 3 INSURABILITY QUESTIONS (Underwriting Questions)

SECTION B - Medical History (Please answer each question and provide details in the Medical History Details.

	Applicant A YES	Applicant A NO	Applicant B YES	Applicant B NO
3g. Do you have a Primary Care Physician? (If yes, complete the information below).	☐	☐	☐	☐

Applicant A

Date Last Seen _____

Physician Name _____

Street Address _____

City, State, Zip _____

Telephone # _____

Applicant B

Date Last Seen _____

Physician Name _____

Street Address _____

City, State, Zip _____

Telephone # _____

3h.	Have you used tobacco products (cigarettes, pipe, cigar, or chewing tobacco) in the last 12 months?	☐	☐	☐	☐
3i.	Within the last 5 years, have you received medical advice, been diagnosed, examined or treated by a member of the medical profession for any of the following conditions? *Please check each that applies and provide details in the Medical History Details.*				
1.	Circulatory Disorders: ❑ Amaurosis Fugax ❑Aneurysm ❑Blood Clots ❑Cardiomyopathy ❑Carotid Artery Disease ❑Congestive Heart Failure ❑Coronary Artery Disease ❑Embolisms ❑Heart Arrhythmias ❑High Blood Pressure ❑Peripheral Vascular Disease ❑Stroke/CVA ❑Transient Ischemic Attack ❑Valvular Disease	☐	☐	☐	☐
2.	Endocrine and Pituitary Disorders: ❑ Diabetes ❑Addison's Disease ❑Pancreatitis ❑Cushing's Disease	☐	☐	☐	☐
3.	Cancers: ❑ Leukemia ❑ Lymphoma ❑Tumors ❑Melanoma ❑Squamous Cell ❑Sarcomas ❑Multiple Myeloma	☐	☐	☐	☐
4.	Genitourinary Disorders: ❑Renal Insufficiency ❑Kidney Failure ❑Incontinence ❑Prostate Disorders ❑Bladder Disorders	☐	☐	☐	☐
5.	Gastrointestinal Disorders: ❑Hepatitis ❑Ulcerative Colitis ❑Crohn's Disease ❑Liver Disorders ❑Cirrhosis	☐	☐	☐	☐
6.	Neurological Disorders: ❑Alzheimer's Disease ❑Amyotrophic Lateral Sclerosis ❑Anxiety ❑Cerebral Atrophy ❑Cerebral Palsy ❑Chronic Fatigue Syndrome ❑Cognitive Impairment ❑Dementia ❑Depression ❑Huntington's Disease ❑Memory Loss ❑Mental Illness ❑Mental Retardation ❑ Possible Multiple Sclerosis ❑Multiple Sclerosis ❑Muscular Dystrophy ❑Myasthenia Gravis ❑Neurological conditions affecting the brain or spinal cord ❑Neuropathy ❑Parkinson's Disease ❑Polyneuropathy ❑Schizophrenia ❑Seizures ❑Spinal Cord Injury ❑Syncope ❑Tremors	☐	☐	☐	☐
7.	Blood Disorders: ❑Anemia, ❑Leukopenia ❑Polycythemia Vera ❑Thrombocytopenia ❑Hemochromatosis	☐	☐	☐	☐
8.	Musculoskeletal Disorders: ❑Osteoporosis ❑Arthritis ❑Rheumatoid Arthritis ❑Osteoarthritis ❑Fractures ❑Fibromyalgia ❑Degenerative Joint Disease ❑Scoliosis ❑Spinal Stenosis ❑ Lupus ❑Polymyalgia Rheumatica ❑Osteopenia ❑Paralysis ❑Crest ❑Scleroderma	☐	☐	☐	☐
9.	Respiratory Disorders: ❑ Emphysema, ❑Bronchitis ❑Asthma ❑Bronchiectasis ❑Asbestosis ❑Sarcoidosis ❑Chronic Obstructive Pulmonary Disease ❑Cystic Fibrosis ❑Pulmonary Fibrosis	☐	☐	☐	☐

PART 3 INSURABILITY QUESTIONS (Underwriting Questions)

SECTION B – Medical History (continued)

		Applicant A YES	Applicant A NO	Applicant B YES	Applicant B NO
3i. (cont.)	Within the last 5 years, have you received medical advice, been diagnosed, examined or treated by a member of the medical profession for any of the following conditions? *Please check each that applies and provide details in the Medical History Details.*				
	10. Eye & Ear Disorders: ❑Macular Degeneration ❑Glaucoma ❑Retinitis Pigmentosa ❑Labrynthitis ❑Meniere's/Vertigo	☐	☐	☐	☐
	11. Substance Abuse: ❑Alcohol Use ❑Alcoholism ❑Drug dependency ❑Illicit drug use	☐	☐	☐	☐
3j.	Within the last 5 years have you been hospitalized or been treated by a member of the medical profession for any reason not previously stated?	☐	☐	☐	☐
3k.	Within the last 5 years, has any surgery or test(s) been recommended and not performed or any medication been prescribed and not taken?	☐	☐	☐	☐
3l.	Have you ever had an application for life, accident, medical or health, disability or long-term care insurance declined, postponed, modified or rated? If YES list medical reason: Applicant A:_____ Applicant B:_____	☐	☐	☐	☐
3m.	Have you applied for or are you receiving any disability benefits? Applicant A: Type_____ Percentage _____ Medical Reason_____ Applicant B: Type_____ Percentage _____ Medical Reason_____	☐	☐	☐	☐
3n.	Have any of your family members (mother, father or siblings) been diagnosed or treated by a member of the medical profession for any of the following conditions? (Please indicate all that apply) ❑Alzheimer's Disease ❑Amyotrophic Lateral Sclerosis (Lou Gehrig's) ❑Dementia ❑Diabetes ❑Heart Disease ❑Huntington's Disease ❑Parkinson's Disease ❑Stroke	☐	☐	☐	☐
[LIFESTYLE (PLEASE COMPLETE THIS SECTION IF YOU ARE 64 OR YOUNGER.)					
3o.	Are you currently employed? If yes, what is your occupation? _____	☐	☐	☐	☐
3p.	In the past 10 years have you done or in the future, do you intend within the next 2 years to do any of the following activities? Skin/scuba Diving, Parachuting, Motorized racing, Rock/mountain climbing, Boxing? Frequency? Applicant A: Activity Type _____ Frequency Per Year _____ Applicant B: Activity Type _____ Frequency Per Year _____	☐	☐	☐	☐
3q.	In the past 5 years, have you been convicted of two or more felony motor vehicle moving violations or had a driver's license suspended or revoked? If yes, license # and state. Applicant A _____ Applicant B _____	☐	☐	☐	☐]

PART 3 INSURABILITY QUESTIONS (Underwriting Questions)

SECTION B – Medical History (continued)

MEDICAL HISTORY DETAILS

If you answered YES to any of questions 3i-3m*, provide full details below. Attach a separate sheet if you need additional space.*

Applicant A

Diagnosis/ Disorder/ Reason	Diagnosis Date	Treatment Date(s)	Name, Address, Tel# of Physician, Provider, and/or Insurer (if applicable) and Comments

Applicant B

Diagnosis/ Disorder/ Reason	Diagnosis Date	Treatment Date(s)	Name, Address, Tel# of Physician, Provider, and/or Insurer (if applicable) and Comments

PART 3 INSURABILITY QUESTIONS (Underwriting Questions)

SECTION B – Medical History (continued)

MEDICAL HISTORY DETAILS

If you answered YES to 3n *provide full details below. Attach a separate sheet if you need additional space.*

Applicant A

Diagnosis	Relationship (eg. Mother)	Age of Onset

Applicant B

Diagnosis	Relationship (eg. Mother)	Age of Onset

3r. MEDICATIONS

List all prescription medications taken or that have been prescribed to you at any time over the past 18 months.

Applicant A

Name of Medication	Dosage	Frequency	Reason Prescribed	Physician Name

Applicant B

Name of Medication	Dosage	Frequency	Reason Prescribed	Physician Name

FRAUD NOTICE: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement.

PART 4 COVERAGE SELECTION - [Product Name]

		Applicant A	Applicant B
4a.	Benefit Amount (select either Daily or Monthly)		
	[☐ Daily Benefit ($50-$500 in $10 increments)	$	$
	☐ Monthly Benefit Amount ($1,500 -$15,000 in $100 increments)		]
4b.	Benefit Period (select one)	[☐ 2 Years ☐ 3 Years ☐ 4 Years ☐ 5 Years ☐ 6 Years ☐ 10 Years	☐ 2 Years ☐ 3 Years ☐ 4 Years ☐ 5 Years ☐ 6 Years ☐ 10 Years]
4c.	Elimination Period (Dates of Service)	[☐ 30 Days ☐ 60 Days ☐ 90 Days ☐ 180 Days ☐ 365 Days	☐ 30 Days ☐ 60 Days ☐ 90 Days ☐ 180 Days ☐ 365 Days]
4d.	Inflation Protection Options *[* This is the default if you do not select an inflation protection option].*	[☐ Benefit Builder* ☐ CPI Compound Inflation ☐ CPI Compound to Age 75 ☐ 5% Compound Inflation [☐ 3% Compound Inflation ☐ Guaranteed Purchase Option	☐ Benefit Builder* ☐ CPI Compound Inflation ☐ CPI Compound to Age 75] ☐ 5% Compound Inflation ☐ 3% Compound Inflation ☐ Guaranteed Purchase Option]
	Rejection of Inflation I have reviewed the outline of coverage and the graphs that compare benefits and premiums of this policy with and without inflation protection. Specifically, I have reviewed the 5% Compound Inflation and I reject this inflation option.	*You must check the box below if you did not select 5% Compound Inflation.* ☐ I reject 5% Compound Inflation	*You must check the box below if you did not select 5% Compound Inflation* ☐ I reject 5% Compound Inflation
4e.	Optional Benefits	[☐ Shared Care ☐ Survivorship and Waiver of Premium ☐ Waiver of HHC Elimination Period ☐ Additional Cash Benefit ☐ Nonforfeiture	☐ Shared Care ☐ Survivorship and Waiver of Premium ☐ Waiver of HHC Elimination Period ☐ Additional Cash Benefit] ☐ Nonforfeiture
	Rejection of Nonforfeiture I have reviewed the outline of coverage and the Nonforfeiture benefit described therein. Specifically, I have reviewed this optional benefit available to me and I reject the Nonforfeiture benefit.	*You must check the box below if you did not select Nonforfeiture.* ☐ I reject Nonforfeiture	*You must check the box below if you did not select Nonforfeiture.* ☐ I reject Nonforfeiture

PART 5 PREMIUM PAYMENT AND ADMINISTRATION

		Applicant A	Applicant B
5a.	Premium Payment Option	[☐ Standard Pay (Paid-up at Age 95) [☐ 20-Year Limited Payment Option ☐ Paid-up at Age 75 Limited Payment Option	☐ Standard Pay (Paid-up at Age 95) ☐ 20-Year Limited Payment Option ☐ Paid-up at Age 75 Limited Payment Option]
[5b.	Payment Method *Please select one of the following for each applicant.*		
	[1. Direct Bill (select a mode of billing)	☐ Annual ☐ Semi-Annual ☐ Quarterly	☐ Annually ☐ Semi-Annual ☐ Quarterly
	2. Monthly Bank Draft *Please include a voided check and complete form LTC-7269R.*	☐ Monthly Bank Draft (Electronic Fund Transfer)	☐ Monthly Bank Draft (Electronic Fund Transfer)

3. Credit/Debit Card

Payment Frequency: ☐ Quarterly ☐ Monthly ☐ Annual ☐ Semi-Annual

Card Type: ☐ Mastercard ☐ Visa

Card Number: _____ Expiration Date: ----------

Cardholder's Name: ----------

_____

An Advance Payment is required.

☐ I have enclosed my advance payment in the amount of $_____ (minimum of one month's modal premium)

Please make checks payable to John Hancock Life Insurance Company (U.S.A.). Do not make check payable to the agent or leave the payee blank. Your advance payment check will be held in a non-interest bearing account while we underwrite your application.

4. Is this a List Bill? ☐ Please check if this is a new List Bill.	☐ Yes ☐ No	☐ Yes ☐ No
Group Number:	_____	_____
Group Name:	_____	_____]

PART 6 INSURANCE HISTORY

		Applicant A YES	Applicant A NO	Applicant B YES	Applicant B NO
6a	Are you covered by Medicaid?	☐	☐	☐	☐
6b.	Have you had another LTC insurance policy/certificate in-force during the last 12 months?	☐	☐	☐	☐
	If YES, insurance company name:				
	If lapsed, date of lapse:				
6c.	Do you have another LTC insurance policy or certificate in-force (including a healthcare service, health maintenance, or Medicare supplement contract)?	☐	☐	☐	☐
	If YES, insurance company name:				
	Policy/certificate #:				
	Annual premium:	$		$	
	Daily/Monthly benefit:	$		$	
	LTC insurance?	☐ Yes ☐ No		☐ Yes ☐ No	
6d.	Do you intend to replace any of your LTC, medical or health insurance coverage with the policy for which you are applying?	☐	☐	☐	☐
	If YES, insurance company name:				

PART 7 PROTECTION AGAINST UNINTENDED LAPSE

I understand that I have the right to name another person to receive Notice of Lapse/Termination of my insurance policy for non-payment of premium. I understand that notice will not be given until 30 days after a premium is due and unpaid.

Applicant A

☐ I elect NOT to designate any person to receive such notice, or

☐ I elect to designate the person below to receive such notice.

Name of Person _____

Number Street, Apt. # _____

City, State, Zip Code _____

Applicant B

☐ I elect NOT to designate any person to receive such notice, or

☐ I elect to designate the person below to receive such notice.

Name of Person _____

Number Street, Apt. # _____

City, State, Zip Code _____

PART 8 SPECIAL REQUESTS

PART 9 DECLARATION AND AUTHORIZATIONS

GENERAL AGREEMENT & ACKNOWLEDGMENT

I understand and agree as follows:

1. I have received the Outline of Coverage, Notice of Insurance Information Practices, Long-Term Care Insurance Personal Worksheet, Things You Should Know Before You Buy Long Term Care Insurance, the Potential Rate Increase Disclosure, the Shopper's Guide to Long-Term Care Insurance and a Replacement Notice (if replacing coverage) and the Guide to Health Insurance for People with Medicare (if eligible for Medicare).
2. In order for the underwriting of this application to proceed, this application and all underwriting requirements must be complete.
3. No agent or medical examiner has the authority from John Hancock to accept any risk, determine insurability, or waive or change any requirements or questions on this application.
4. John Hancock Life Insurance Company (U.S.A.) ("John Hancock") may require an attending physician statement, medical records, an underwriting assessment, a medical examination, motor vehicle report or other questionnaire or test.
5. I have read and reviewed the application. My statements and answers on this application are true, complete and correctly recorded to the best of my knowledge. They are representations and not warranties, and will be part of and form the basis of my policy being issued.

PREMIUM AGREEMENT AND AUTHORIZATION

I understand and agree that:

1. Completing this application or making an advance payment is not a guarantee that my application will be approved. If approved, the effective date will be indicated in the policy issued.
2. If my application is declined, the long-term care insurance coverage applied for will not become effective and any advance payment submitted with the application will be refunded to me, without interest.

[3. If making an advance payment, my check(s) will be held in a non-interest bearing account while John Hancock reviews this application for acceptance.]

[4. By making an advance payment by check with this application, my health status will be frozen as of the later of: the date I sign this application or the date I complete all physical exams or tests required by John Hancock, if applicable. This means that any change in my health that occurs after the date my health status is frozen will not affect the underwriting of my application. In addition, if my application is approved, my eligibility for benefits may begin on the date my health status was frozen.] [I understand that if no advance payment is made with the application, any subsequent change in health status before delivery of the policy should be communicated to John Hancock in writing and will affect my insurability.]

5. If bank draft is the selected method of payment, the first draft will occur on the premium due date after my policy has been issued. Subsequent drafts will occur on the selected draft day requested in Part 5 of this application.
6. In order to keep my policy in force, I must pay all the required premiums when due. The premium deducted or charged will be as shown on the policy or the most recent change notice issued to the policyholder by John Hancock.
7. I understand that premium rates are not guaranteed and may be increased in the future if I am among the group of policyholders whose premiums are determined to be inadequate.

[8. I understand that there will not be meaningful benefit increases incurred in the early years if I selected the Benefit Builder.]

9. I authorize John Hancock to deduct from my bank all required premiums, based upon my selected method of payment as shown in Part 5, indefinitely until I provide written notice of cancellation to John Hancock at servicing address stated in the policy, after allowing a reasonable time to act upon my notification. I agree to contact John Hancock if there are any changes to my account information. John Hancock reserves the right to terminate this payment plan at any time.

CAUTION: IF YOUR ANSWERS ON THIS APPLICATION ARE INCORRECT OR UNTRUE, JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A) MAY HAVE THE RIGHT TO DENY BENEFITS OR RESCIND YOUR COVERAGE.

Applicant A		Applicant B	
Signature		Signature	
X _____		X _____	
Signed at (City & State)	Date	Signed at (City & State)	Date
_____	_____	_____	_____

PART 10 PRODUCER/AGENT'S STATEMENT

		Applicant A	Applicant B
10a.	**Replacement:** To the best of my knowledge, replacement of other insurance (check box) involved in this transaction.	☐ Is ☐ Is Not	☐ Is ☐ Is Not

Listed below are all other health insurance policies I have (i) sold to the Applicant(s) which are still in force; and (ii) sold to the Applicant(s) in the last five years which are no longer in force.

Applicant A/B	Company	Type of Policy	Effective Date	In-Force?
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

	Applicant A	Applicant B
Please indicate the Underwriting Risk Classification quoted: *Note: LTC Underwriting will determine the appropriate risk class regardless of that quoted to the applicant. We will communicate any change.*	☐ Preferred ☐ Select ☐ Class 1 ☐ Class 2	☐ Preferred ☐ Select ☐ Class 1 ☐ Class 2

I certify that I am duly licensed, appointed (when required), and have completed the required initial and ongoing training (where required) to solicit this application for long-term care insurance in this state.

Signature of Licensed Producer: _____

Producer Name (Please print): _____ Date: _____

Please attach the Illustration presented to the Applicant(s).

[Control # A_____

Control # B_____]

APPLICATION FOR INDIVIDUAL LONG-TERM CARE INSURANCE

John Hancock Life Insurance Company (U.S.A.)
[1 John Hancock Place, Boston, MA 02217]

If you are applying as an individual please complete Applicant A information.

PART 1 ABOUT YOU

APPLICANT A	APPLICANT B
1a. Name	1a. Name
Last Name _____	Last Name _____
First Name _____ M.I. _____	First Name _____ M.I. _____
1b. Street Address	1b. Street Address ☐ Same as Applicant A
Number Street, Apt. # _____	Number Street, Apt. # _____
_____	_____
City, State, Zip _____	City, State, Zip _____
1c. Contact Information	1c. Contact Information ☐ Same as Applicant A
Telephone # _____	Telephone # _____
Best Time To Call _____ AM _____ PM	Best Time To Call _____ AM _____ PM
Email Address _____	Email Address _____
1d. Alternate Payor Name (if different than applicant)	1d. Alternate Payor Name (if different than applicant) ☐ Same as Applicant A
Name _____	Name _____
Number Street, Apt. # _____	Number Street, Apt. # _____
_____	_____
City, State, Zip _____	City, State, Zip _____
1e. Place and Date of Birth	1e. Place and Date of Birth
Place _____	Place _____
DOB (mm/dd/yyyy) _____	DOB (mm/dd/yyyy) _____
1f. Sex	1f. Sex
☐ Male ☐ Female	☐ Male ☐ Female
1g. Height _____' _____" Weight _____lbs	1g. Height _____' _____" Weight _____lbs
1h. Social Security Number	1h. Social Security Number
_____-____-_____	_____-____-_____

The applicant(s) must initial any corrections made to this application.

PART 2 OTHER NEEDED INFORMATION

2a. Beneficiary Designation

Please elect a beneficiary for the return of any unearned premium [and Return of Premium upon Death Benefit under age 65.] If you leave this question blank, we will designate your estate as your beneficiary. You may change your beneficiary at any time by notifying us in writing.

Name & Address (for Applicant A)_____

Name & Address (for Applicant B)_____

Please check YES or NO beside each question below.	Applicant A YES	Applicant A NO	Applicant B YES	Applicant B NO
2b. Marital/Partner Are you married?	☐	☐	☐	☐
2c. Are you in a committed relationship with a Partner or live with an immediate family member of the same generation, with whom you have been living with for at least 3 years? *Partner – means an unmarried individual, not related to you by blood or marriage that has lived with you in a committed relationship for at least 3-years.	☐	☐	☐	☐
2d. Is your Spouse, Partner or immediate family member of the same generation also applying, or does he/she currently have an existing John Hancock individual LTC insurance policy? If Yes, provide Policy #, Name, or SSN _____	☐	☐	☐	☐]
[2e. Family Discount (Cannot be combined with Valued Client or Sponsored Group Discount) Are you applying for Family Discount? If Yes, please list two other family members applying for, or who currently have, a John Hancock individual LTC insurance policy and their relationship to you. Name _____ Relationship _____ Policy# (if available) _____ _____ _____ _____	☐	☐	☐	☐
2f. Valued Client (Cannot be combined with Family Discount or Sponsored Group Discount) Do you or a member of your family currently own a Life Insurance Policy or Annuity Contract, with John Hancock or Manulife? Policy/Contract/Account # _____ Policy/Contract/Account # _____	☐	☐	☐	☐
2g. Sponsored Group (Cannot be combined with Family Discount or Valued Client) Do you belong to a Sponsored Group? If Yes, please provide: Sponsored Group # _____ Sponsored Group Name _____ (also provide proof of employment/membership with Sponsored Group)	☐	☐	☐	☐]

PART 3 INSURABILITY QUESTIONS (Underwriting Questions)

SECTION A – Should You Proceed with This Application?

Please check YES or NO beside each question below.		Applicant A YES	Applicant A NO	Applicant B YES	Applicant B NO
3a.	Do you currently have, or have you ever received medical advice, been diagnosed, examined or treated by a member of the medical profession for any of the following conditions: (check all that apply) ❑Alzheimer's Disease ❑Amyotrophic Lateral Sclerosis ❑Cognitive Impairment ❑Cystic Fibrosis ❑Dementia ❑Diabetes treated with insulin or with amputation or ongoing complications that affect the kidney ❑Huntington's Disease ❑Memory Loss ❑Mental Retardation ❑Multiple Myeloma ❑Multiple Sclerosis ❑Possible Multiple Sclerosis ❑Muscular Dystrophy ❑Neurological conditions affecting the brain or spinal cord ❑Parkinson's Disease ❑Polyneuropathy ❑Schizophrenia ❑Scleroderma ❑Spinal Cord Injury ❑Stroke/CVA ❑Transient Ischemic Attacks (TIAs) (2 or more)	☐	☐	☐	☐
3b.	Do you require mechanical or human assistance or supervision of any kind in any of the following activities: eating, dressing, toileting, transferring from bed to chair, walking, maintaining continence, and bathing?	☐	☐	☐	☐
3c.	Do you currently reside in, have you been advised to enter, or are you planning to enter a nursing home, assisted living facility, rehabilitation facility or other custodial facility, or are you currently receiving home health care services or attending adult day care?	☐	☐	☐	☐
3d.	Do you currently use any of the following medical devices: wheelchair, walker, hospital bed, quad cane, crutches, oxygen, stairlift, or dialysis?	☐	☐	☐	☐
3e.	Have you been diagnosed or treated by a member of the medical profession for HIV (Human Immunodeficiency Virus), AIDS (Acquired Immune Deficiency Syndrome) or AIDS Related Complex?	☐	☐	☐	☐

PLEASE NOTE BEFORE YOU CONTINUE WITH THIS APPLICATION:

If you answered YES to any of the questions in PART 3, SECTION A, we suggest you do not submit an application.
If you answered NO to every question, please continue.

SECTION B – Medical History

		Applicant A YES	Applicant A NO	Applicant B YES	Applicant B NO
3f.	In the last 18 months, have you been treated, examined or advised by a member of the medical profession? (If yes, complete the information below).	☐	☐	☐	☐

Applicant A	Applicant B
Date Last Seen _____	Date Last Seen _____
Physician Name _____	Physician Name _____
Street Address _____	Street Address _____
City, State, Zip _____	City, State, Zip _____
Telephone # _____	Telephone # _____

PART 3 INSURABILITY QUESTIONS (Underwriting Questions)

SECTION B - Medical History (Please answer each question and provide details in the Medical History Details.

		Applicant A		Applicant B	
		YES	NO	YES	NO
3g.	Do you have a Primary Care Physician? (If yes, complete the information below).	☐	☐	☐	☐

Applicant A	Applicant B
Date Last Seen _____	Date Last Seen _____
Physician Name _____	Physician Name _____
Street Address _____	Street Address _____
City, State, Zip _____	City, State, Zip _____
Telephone # _____	Telephone # _____

3h.	Have you used tobacco products (cigarettes, pipe, cigar, or chewing tobacco) in the last 12 months?	☐	☐	☐	☐
3i.	Within the last 5 years, have you received medical advice, been diagnosed, examined or treated by a member of the medical profession for any of the following conditions? *Please check each that applies and provide details in the Medical History Details.*				
1.	Circulatory Disorders: ❑ Amaurosis Fugax ❑Aneurysm ❑Blood Clots ❑Cardiomyopathy ❑Carotid Artery Disease ❑Congestive Heart Failure ❑Coronary Artery Disease ❑Embolisms ❑Heart Arrhythmias ❑High Blood Pressure ❑Peripheral Vascular Disease ❑Stroke/CVA ❑Transient Ischemic Attack ❑Valvular Disease	☐	☐	☐	☐
2.	Endocrine and Pituitary Disorders: ❑ Diabetes ❑Addison's Disease ❑Pancreatitis ❑Cushing's Disease	☐	☐	☐	☐
3.	Cancers: ❑ Leukemia ❑ Lymphoma ❑Tumors ❑Melanoma ❑Squamous Cell ❑Sarcomas ❑Multiple Myeloma	☐	☐	☐	☐
4.	Genitourinary Disorders: ❑Renal Insufficiency ❑Kidney Failure ❑Incontinence ❑Prostate Disorders ❑Bladder Disorders	☐	☐	☐	☐
5.	Gastrointestinal Disorders: ❑Hepatitis ❑Ulcerative Colitis ❑Crohn's Disease ❑Liver Disorders ❑Cirrhosis	☐	☐	☐	☐
6.	Neurological Disorders: ❑Alzheimer's Disease ❑Amyotrophic Lateral Sclerosis ❑Anxiety ❑Cerebral Atrophy ❑Cerebral Palsy ❑Chronic Fatigue Syndrome ❑Cognitive Impairment ❑Dementia ❑Depression ❑Huntington's Disease ❑Memory Loss ❑Mental Illness ❑Mental Retardation ❑ Possible Multiple Sclerosis ❑Multiple Sclerosis ❑Muscular Dystrophy ❑Myasthenia Gravis ❑Neurological conditions affecting the brain or spinal cord ❑Neuropathy ❑Parkinson's Disease ❑Polyneuropathy ❑Schizophrenia ❑Seizures ❑Spinal Cord Injury ❑Syncope ❑Tremors	☐	☐	☐	☐
7.	Blood Disorders: ❑Anemia, ❑Leukopenia ❑Polycythemia Vera ❑Thrombocytopenia ❑Hemochromatosis	☐	☐	☐	☐
8.	Musculoskeletal Disorders: ❑Osteoporosis ❑Arthritis ❑Rheumatoid Arthritis ❑Osteoarthritis ❑Fractures ❑Fibromyalgia ❑Degenerative Joint Disease ❑Scoliosis ❑Spinal Stenosis ❑ Lupus ❑Polymyalgia Rheumatica ❑Osteopenia ❑Paralysis ❑Crest ❑Scleroderma	☐	☐	☐	☐
9.	Respiratory Disorders: ❑ Emphysema, ❑Bronchitis ❑Asthma ❑Bronchiectasis ❑Asbestosis ❑Sarcoidosis ❑Chronic Obstructive Pulmonary Disease ❑Cystic Fibrosis ❑Pulmonary Fibrosis	☐	☐	☐	☐

PART 3 INSURABILITY QUESTIONS (Underwriting Questions)

SECTION B – Medical History (continued)

		Applicant A YES	Applicant A NO	Applicant B YES	Applicant B NO
3i. (cont.)	Within the last 5 years, have you received medical advice, been diagnosed, examined or treated by a member of the medical profession for any of the following conditions? *Please check each that applies and provide details in the Medical History Details.*				
	10. Eye & Ear Disorders: ❑Macular Degeneration ❑Glaucoma ❑Retinitis Pigmentosa ❑Labrynthitis ❑Meniere's/Vertigo	☐	☐	☐	☐
	11. Substance Abuse: ❑Alcohol Use ❑Alcoholism ❑Drug dependency ❑Illicit drug use	☐	☐	☐	☐
3j.	Within the last 5 years have you been hospitalized or been treated by a member of the medical profession for any reason not previously stated?	☐	☐	☐	☐
3k.	Within the last 5 years, has any surgery or test(s) been recommended and not performed or any medication been prescribed and not taken?	☐	☐	☐	☐
3l.	Have you ever had an application for life, accident, medical or health, disability or long-term care insurance declined, postponed, modified or rated? If YES list medical reason: Applicant A:_____ Applicant B:_____	☐	☐	☐	☐
3m.	Have you applied for or are you receiving any disability benefits? Applicant A: Type_____ Percentage _____ Medical Reason_____ Applicant B: Type_____ Percentage _____ Medical Reason_____	☐	☐	☐	☐
3n.	Have any of your family members (mother, father or siblings) been diagnosed or treated by a member of the medical profession for any of the following conditions? (Please indicate all that apply) ❑Alzheimer's Disease ❑Amyotrophic Lateral Sclerosis (Lou Gehrig's) ❑Dementia ❑Diabetes ❑Heart Disease ❑Huntington's Disease ❑Parkinson's Disease ❑Stroke	☐	☐	☐	☐
[LIFESTYLE (PLEASE COMPLETE THIS SECTION IF YOU ARE 64 OR YOUNGER.)					
3o.	Are you currently employed? If yes, what is your occupation? _____	☐	☐	☐	☐
3p.	In the past 10 years have you done or in the future, do you intend within the next 2 years to do any of the following activities? Skin/scuba Diving, Parachuting, Motorized racing, Rock/mountain climbing, Boxing? Frequency? Applicant A: Activity Type _____ Frequency Per Year _____ Applicant B: Activity Type _____ Frequency Per Year _____	☐	☐	☐	☐
3q.	In the past 5 years, have you been convicted of two or more felony motor vehicle moving violations or had a driver's license suspended or revoked? If yes, license # and state. Applicant A _____ Applicant B _____	☐	☐	☐	☐]

PART 3 INSURABILITY QUESTIONS (Underwriting Questions)

SECTION B – Medical History (continued)

MEDICAL HISTORY DETAILS

If you answered YES to any of questions 3i-3m*, provide full details below. Attach a separate sheet if you need additional space.*

Applicant A

Diagnosis/ Disorder/ Reason	Diagnosis Date	Treatment Date(s)	Name, Address, Tel# of Physician, Provider, and/or Insurer (if applicable) and Comments

Applicant B

Diagnosis/ Disorder/ Reason	Diagnosis Date	Treatment Date(s)	Name, Address, Tel# of Physician, Provider, and/or Insurer (if applicable) and Comments

PART 3 INSURABILITY QUESTIONS (Underwriting Questions)

SECTION B – Medical History (continued)

MEDICAL HISTORY DETAILS

If you answered YES to 3n *provide full details below. Attach a separate sheet if you need additional space.*

Applicant A

Diagnosis	Relationship (eg. Mother)	Age of Onset

Applicant B

Diagnosis	Relationship (eg. Mother)	Age of Onset

3r. MEDICATIONS

List all prescription medications taken or that have been prescribed to you at any time over the past 18 months.

Applicant A

Name of Medication	Dosage	Frequency	Reason Prescribed	Physician Name

Applicant B

Name of Medication	Dosage	Frequency	Reason Prescribed	Physician Name

FRAUD NOTICE: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement.

PART 4 COVERAGE SELECTION - [Product Name]

		Applicant A	Applicant B
4a.	Benefit Amount (select either Daily or Monthly)		
	[☐ Daily Benefit ($50-$500 in $10 increments) ☐ Monthly Benefit Amount ($1,500 -$15,000 in $100 increments)	$	$]
4b.	Benefit Period (select one)	[☐ 2 Years ☐ 3 Years ☐ 4 Years ☐ 5 Years ☐ 6 Years ☐ 10 Years	☐ 2 Years ☐ 3 Years ☐ 4 Years ☐ 5 Years ☐ 6 Years ☐ 10 Years]
4c.	Elimination Period (Dates of Service)	[☐ 30 Days ☐ 60 Days ☐ 90 Days ☐ 180 Days ☐ 365 Days	☐ 30 Days ☐ 60 Days ☐ 90 Days ☐ 180 Days ☐ 365 Days]
4d.	Inflation Protection Options *[* This is the default if you do not select an inflation protection option].*	[☐ Benefit Builder* ☐ CPI Compound Inflation ☐ CPI Compound to Age 75 ☐ 5% Compound Inflation [☐ 3% Compound Inflation ☐ Guaranteed Purchase Option	☐ Benefit Builder* ☐ CPI Compound Inflation ☐ CPI Compound to Age 75] ☐ 5% Compound Inflation ☐ 3% Compound Inflation ☐ Guaranteed Purchase Option]
	Rejection of Inflation I have reviewed the outline of coverage and the graphs that compare benefits and premiums of this policy with and without inflation protection. Specifically, I have reviewed the 5% Compound Inflation and I reject this inflation option.	*You must check the box below if you did not select 5% Compound Inflation.* ☐ I reject 5% Compound Inflation	*You must check the box below if you did not select 5% Compound Inflation* ☐ I reject 5% Compound Inflation
4e.	Optional Benefits	[☐ Shared Care ☐ Survivorship and Waiver of Premium ☐ Waiver of HHC Elimination Period ☐ Additional Cash Benefit ☐ Nonforfeiture	☐ Shared Care ☐ Survivorship and Waiver of Premium ☐ Waiver of HHC Elimination Period ☐ Additional Cash Benefit] ☐ Nonforfeiture
	Rejection of Nonforfeiture I have reviewed the outline of coverage and the Nonforfeiture benefit described therein. Specifically, I have reviewed this optional benefit available to me and I reject the Nonforfeiture benefit.	*You must check the box below if you did not select Nonforfeiture.* ☐ I reject Nonforfeiture	*You must check the box below if you did not select Nonforfeiture.* ☐ I reject Nonforfeiture

PART 5 PREMIUM PAYMENT AND ADMINISTRATION

		Applicant A	Applicant B
5a.	Premium Payment Option	[☐ Standard Pay (Paid-up at Age 95) [☐ 20-Year Limited Payment Option ☐ Paid-up at Age 75 Limited Payment Option	☐ Standard Pay (Paid-up at Age 95) ☐ 20-Year Limited Payment Option ☐ Paid-up at Age 75 Limited Payment Option]
[5b.	Payment Method *Please select one of the following for each applicant.*		
	1. Select a mode of payment	☐ Annual ☐ Semi-Annual ☐ Quarterly ☐ Monthly	☐ Annually ☐ Semi-Annual ☐ Quarterly ☐ Monthly
	2. Payment Type *Please include a voided check and complete form LTC-7269R for Bank Draft.*	☐ Direct Bill ☐ Bank Draft (Electronic Fund Transfer)	☐ Direct Bill ☐ Bank Draft (Electronic Fund Transfer)

3. Credit/Debit Card

Payment Frequency: ☐ Quarterly ☐ Monthly ☐ Annual ☐ Semi-Annual

Card Type: ☐ Mastercard ☐ Visa

Card Number: _____ Expiration Date: ----------

Cardholder's Name: ----------

An Advance Payment is required.

☐ I have enclosed my advance payment in the amount of $_____ (minimum of one month's modal premium)

Please make checks payable to John Hancock Life Insurance Company (U.S.A.). Do not make check payable to the agent or leave the payee blank. Your advance payment check will be held in a non-interest bearing account while we underwrite your application.

4. Is this a List Bill? ☐ Please check if this is a new List Bill.	☐ Yes ☐ No	☐ Yes ☐ No
Group Number:	_____	_____
Group Name:	_____	_____]

PART 6 INSURANCE HISTORY

		Applicant A YES	Applicant A NO	Applicant B YES	Applicant B NO
6a	Are you covered by Medicaid?	☐	☐	☐	☐
6b.	Have you had another LTC insurance policy/certificate in-force during the last 12 months?	☐	☐	☐	☐
	If YES, insurance company name:				
	If lapsed, date of lapse:				
6c.	Do you have another LTC insurance policy or certificate in-force (including a healthcare service, health maintenance, or Medicare supplement contract)?	☐	☐	☐	☐
	If YES, insurance company name:				
	Policy/certificate #:				
	Annual premium:	$		$	
	Daily/Monthly benefit:	$		$	
	LTC insurance?	☐ Yes ☐ No		☐ Yes ☐ No	
6d.	Do you intend to replace any of your LTC, medical or health insurance coverage with the policy for which you are applying?	☐	☐	☐	☐
	If YES, insurance company name:				

PART 7 PROTECTION AGAINST UNINTENDED LAPSE

I understand that I have the right to name another person to receive Notice of Lapse/Termination of my insurance policy for non-payment of premium. I understand that notice will not be given until 30 days after a premium is due and unpaid.

Applicant A

☐ I elect NOT to designate any person to receive such notice, or

☐ I elect to designate the person below to receive such notice.

Name of Person _____

Number Street, Apt. # _____

City, State, Zip Code _____

Applicant B

☐ I elect NOT to designate any person to receive such notice, or

☐ I elect to designate the person below to receive such notice.

Name of Person _____

Number Street, Apt. # _____

City, State, Zip Code _____

PART 8 SPECIAL REQUESTS

PART 9 DECLARATION AND AUTHORIZATIONS

GENERAL AGREEMENT & ACKNOWLEDGMENT

I understand and agree as follows:

1. I have received the Outline of Coverage, Notice of Insurance Information Practices, Long-Term Care Insurance Personal Worksheet, Things You Should Know Before You Buy Long Term Care Insurance, the Potential Rate Increase Disclosure, the Shopper's Guide to Long-Term Care Insurance and a Replacement Notice (if replacing coverage) and the Guide to Health Insurance for People with Medicare (if eligible for Medicare).
2. In order for the underwriting of this application to proceed, this application and all underwriting requirements must be complete.
3. No agent or medical examiner has the authority from John Hancock to accept any risk, determine insurability, or waive or change any requirements or questions on this application.
4. John Hancock Life Insurance Company (U.S.A.) ("John Hancock") may require an attending physician statement, medical records, an underwriting assessment, a medical examination, motor vehicle report or other questionnaire or test.
5. I have read and reviewed the application. My statements and answers on this application are true, complete and correctly recorded to the best of my knowledge. They are representations and not warranties, and will be part of and form the basis of my policy being issued.

PREMIUM AGREEMENT AND AUTHORIZATION

I understand and agree that:

1. Completing this application or making an advance payment is not a guarantee that my application will be approved. If approved, the effective date will be indicated in the policy issued.
2. If my application is declined, the long-term care insurance coverage applied for will not become effective and any advance payment submitted with the application will be refunded to me, without interest.

[3. If making an advance payment, my check(s) will be held in a non-interest bearing account while John Hancock reviews this application for acceptance.]

[4. By making an advance payment by check with this application, my health status will be frozen as of the later of: the date I sign this application or the date I complete all physical exams or tests required by John Hancock, if applicable. This means that any change in my health that occurs after the date my health status is frozen will not affect the underwriting of my application. In addition, if my application is approved, my eligibility for benefits may begin on the date my health status was frozen.] [I understand that if no advance payment is made with the application, any subsequent change in health status before delivery of the policy should be communicated to John Hancock in writing and will affect my insurability.]

5. If bank draft is the selected method of payment, the first draft will occur on the premium due date after my policy has been issued. Subsequent drafts will occur on the selected draft day requested in Part 5 of this application.
6. In order to keep my policy in force, I must pay all the required premiums when due. The premium deducted or charged will be as shown on the policy or the most recent change notice issued to the policyholder by John Hancock.
7. I understand that premium rates are not guaranteed and may be increased in the future if I am among the group of policyholders whose premiums are determined to be inadequate.

[8. I understand that there will not be meaningful benefit increases incurred in the early years if I selected the Benefit Builder.]

9. I authorize John Hancock to deduct from my bank all required premiums, based upon my selected method of payment as shown in Part 5, indefinitely until I provide written notice of cancellation to John Hancock at servicing address stated in the policy, after allowing a reasonable time to act upon my notification. I agree to contact John Hancock if there are any changes to my account information. John Hancock reserves the right to terminate this payment plan at any time.

CAUTION: IF YOUR ANSWERS ON THIS APPLICATION ARE INCORRECT OR UNTRUE, JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A) MAY HAVE THE RIGHT TO DENY BENEFITS OR RESCIND YOUR COVERAGE.

Applicant A		Applicant B	
Signature		Signature	
X _____		X _____	
Signed at (City & State)	Date	Signed at (City & State)	Date
_____	_____	_____	_____

PART 10 PRODUCER/AGENT'S STATEMENT

		Applicant A	Applicant B
10a.	**Replacement:** To the best of my knowledge, replacement of other insurance (check box) involved in this transaction.	☐ Is ☐ Is Not	☐ Is ☐ Is Not

Listed below are all other health insurance policies I have (i) sold to the Applicant(s) which are still in force; and (ii) sold to the Applicant(s) in the last five years which are no longer in force.

Applicant A/B	Company	Type of Policy	Effective Date	In-Force?
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

	Applicant A	Applicant B
Please indicate the Underwriting Risk Classification quoted:	☐ Preferred	☐ Preferred
Note: LTC Underwriting will determine the appropriate risk class regardless of that quoted to the applicant. We will communicate any change.	☐ Select	☐ Select
	☐ Class 1	☐ Class 1
	☐ Class 2	☐ Class 2

I certify that I am duly licensed, appointed (when required), and have completed the required initial and ongoing training (where required) to solicit this application for long-term care insurance in this state.

Signature of Licensed Producer: _____

Producer Name (Please print): _____ Date: _____

Please attach the Illustration presented to the Applicant(s).

John Hancock Life Insurance Company (U.S.A.)

John Hancock Place
Post Office Box 111 B-6-6
Boston, Massachusetts 02117
1-888-877-9075
Direct: (617) 572-0101
Fax: (617) 450-8198
Email: mfluet@jhancock.com

Michelle Fluet
Contract Consultant
LTC Contracts and Legislative Services

April 2012

Commissioner Jay Bradford
Arkansas Department of Insurance
1200 West Third Street
Little Rock, Arkansas 72201-1904

Re: **John Hancock Life Insurance Company (U.S.A.)**
Company NAIC # 65838, FEIN # 01-0233346
Individual Long-Term Care Insurance Submission
Benefit Builder LTC-BLD/GIO

Dear Commissioner:

We enclose the above referenced addendum to the actuarial memo for your review and approval. This memo and new rate schedules that will apply to Benefit Builder are added to the actuarial memo and rates associated with our Custom Care III policy form LTC-11 AR submitted on 4/4/2012 to your department, SERFF # MULF-128206502

Benefit Builder

We have developed an alternative to traditional automatic inflation features that typically can add significant cost to an LTC insurance policy. *Benefit Builder* will allow a consumer to purchase the comprehensive coverage needed, while keeping premiums lower relative to other forms of inflation protection. It will be marketed primarily to younger buyers, who generally do not anticipate needing care for many years.

Benefit Builder will enable a policyholder to increase benefits over time by way of Automatic Crediting and a voluntary Buy-Up Option.

Starting on the third Policy Anniversary, Automatic Crediting will allow an insured's policy benefits to grow gradually over time with no corresponding increase in premium, by factoring in excess earnings, if any, from the subset of the general account that John Hancock uses to support its LTC insurance policies, to automatically increase benefits.

The Buy-Up Option will provide the policyholder with the opportunity to elect to increase policy benefits for an additional premium every three years.

Outline of Coverage and Applications

With the addition of *Benefit Builder,* we have revised our application and outline of coverage to reflect this new option and some changes due to process changes which are being submitted to your department in a separate submission, SERFF Tracking Number MULF-128206502.

In addition, we are submitting a new reconsideration application (LTC-INC12), this application will be used for existing policyholders which have been issued benefits different than initially applied for, due to medical conditions, which we may considered after a certain amount of time has passed.

The following items are included in this submission:

- the submission letter.
- all actuarial material..
- all required certifications.

Thank you for your time and consideration in this matter. If you have any questions please feel free to contact me.

Sincerely,

Michelle Fluet

Appendix A
Forms List

Form Number	Form Name
LTC-BLD/GIO	Benefit Builder
LTC-INC12 AR	Reconsideration Application

Statement of Variability

Form #	Form Name	Variability Brackets [ ] indicate items that will be as shown or omitted.

LTC-APP12 AR	Individual Long-Term Care Insurance Application	Page 1, Control # s could be eliminated based upon the sales distribution channel.
		Page 1, Administrative Office address may change based on location change of offices.
		Page 2, Question 2a. Beneficiary Designation – [and Return of Premium upon Death Benefit under age 65] – this would be removed if applicant is over the age of 64.
		Question 2e -2g – questions may be eliminated based upon the sales channel distribution.
		Page 5, Questions 3o-3q – questions may be removed entirely if applicants are older than 64.
		Page 8, Part 4
		• 4a-4c Benefit Amount, Benefit Period and Elimination Period may vary based on sales distribution channel (variation by those displayed shown not any other options)
		• Question 4d – Inflation Options
		  • Inflation Option availability may vary based on sales distribution channel (variation by those displayed shown not any other options)
		  • 5% Compound will always be offered.
		• Question 4e – Optional Benefits
		  1. Optional benefit availability may vary based on sales distribution channel. (variation by those displayed shown not any other options).
		  2. Nonforfeiture will always be offered.

		Page 9, Part 5 Premium Payment and Administration • Question 5a 1. Payment Options availability may vary based on sales distribution channel (variation by those displayed shown not any other options). • Question 5b 2. Payment Method availability may vary based on sales distribution channel. (variation by those displayed shown on any other options). Page 11, Premium Agreement and Authorization 3. Some distribution channels may not require an advance payment. 4.Some distribution channels may not require an advance payment. Bracketed information will be removed for non-payroll deductions, list bill or employer pay plans that no advance payment is required. 8. This could be removed based upon the inflation option chosen.
OCLTC11 AR 7/12	Outline of Coverage	Page 1 • Marketing name for product may change • Heading and Caution Statement • Administrative Office address may change based on location change of offices. Page 6 (e) Optional Benefits • Optional benefit availability may vary based on sales distribution channel. • Nonforfeiture will always be offered. Page 8 Part 11 • Inflation Option availability may vary based on sales distribution channel. • 5% Compound will always be offered. Page 9, Part 13 • Optional benefit availability may vary based on sales distribution channel. • Nonforfeiture will always be offered. • Premium will vary based on the applicant's selection of benefits and payment frequency. Page 11-19 Inflation Options • Inflation Option availability may vary based on sales distribution channel • 5% Compound will always be offered.

[Control # A_____

Control # B_____]

APPLICATION FOR INDIVIDUAL LONG-TERM CARE INSURANCE

John Hancock Life Insurance Company (U.S.A.)
[1 John Hancock Place, Boston, MA 02217]

If you are applying as an individual please complete Applicant A information.

PART 1 ABOUT YOU

APPLICANT A	APPLICANT B
1a. Name	1a. Name
Last Name _____	Last Name _____
First Name _____ M.I. _____	First Name _____ M.I. _____
1b. Street Address	1b. Street Address ☐ Same as Applicant A
Number Street, Apt. # _____	Number Street, Apt. # _____
_____	_____
City, State, Zip _____	City, State, Zip _____
1c. Contact Information	1c. Contact Information ☐ Same as Applicant A
Telephone # _____	Telephone # _____
Best Time To Call _____ AM _____ PM	Best Time To Call _____ AM _____ PM
Email Address _____	Email Address _____
1d. Alternate Payor Name (if different than applicant)	1d. Alternate Payor Name (if different than applicant) ☐ Same as Applicant A
Name _____	Name _____
Number Street, Apt. # _____	Number Street, Apt. # _____
_____	_____
City, State, Zip _____	City, State, Zip _____
1e. Place and Date of Birth	1e. Place and Date of Birth
Place _____	Place _____
DOB (mm/dd/yyyy) _____	DOB (mm/dd/yyyy) _____
1f. Sex	1f. Sex
☐ Male ☐ Female	☐ Male ☐ Female
1g. Height _____' _____" Weight _____lbs	1g. Height _____' _____" Weight _____lbs
1h. Social Security Number	1h. Social Security Number
_____-____-_____	_____-____-_____

The applicant(s) must initial any corrections made to this application.

PART 2 OTHER NEEDED INFORMATION

2a. Beneficiary Designation

Please elect a beneficiary for the return of any unearned premium [and Return of Premium upon Death Benefit under age 65.] If you leave this question blank, we will designate your estate as your beneficiary. You may change your beneficiary at any time by notifying us in writing.

Name & Address (for Applicant A)_____

Name & Address (for Applicant B)_____

Please check YES or NO beside each question below.	Applicant A YES	Applicant A NO	Applicant B YES	Applicant B NO
2b. Marital/Partner Are you married?	☐	☐	☐	☐
2c. Are you in a committed relationship with a Partner or live with an immediate family member of the same generation, with whom you have been living with for at least 3 years? *Partner – means an unmarried individual, not related to you by blood or marriage that has lived with you in a committed relationship for at least 3-years.	☐	☐	☐	☐
2d. Is your Spouse, Partner or immediate family member of the same generation also applying, or does he/she currently have an existing John Hancock individual LTC insurance policy? If Yes, provide Policy #, Name, or SSN _____	☐	☐	☐	☐]
[2e. Family Discount (Cannot be combined with Valued Client or Sponsored Group Discount) Are you applying for Family Discount? If Yes, please list two other family members applying for, or who currently have, a John Hancock individual LTC insurance policy and their relationship to you. Name _____ Relationship _____ Policy# (if available) _____ _____ _____ _____	☐	☐	☐	☐
2f. Valued Client (Cannot be combined with Family Discount or Sponsored Group Discount) Do you or a member of your family currently own a Life Insurance Policy or Annuity Contract, with John Hancock or Manulife? Policy/Contract/Account # _____ Policy/Contract/Account # _____	☐	☐	☐	☐
2g. Sponsored Group (Cannot be combined with Family Discount or Valued Client) Do you belong to a Sponsored Group? If Yes, please provide: Sponsored Group # _____ Sponsored Group Name _____ (also provide proof of employment/membership with Sponsored Group)	☐	☐	☐	☐]

PART 3 INSURABILITY QUESTIONS (Underwriting Questions)

SECTION A – Should You Proceed with This Application?

Please check YES or NO beside each question below.		Applicant A YES	Applicant A NO	Applicant B YES	Applicant B NO
3a.	Do you currently have, or have you ever received medical advice, been diagnosed, examined or treated by a member of the medical profession for any of the following conditions: (check all that apply) ❑Alzheimer's Disease ❑Amyotrophic Lateral Sclerosis ❑Cognitive Impairment ❑Cystic Fibrosis ❑Dementia ❑Diabetes treated with insulin or with amputation or ongoing complications that affect the kidney ❑Huntington's Disease ❑Memory Loss ❑Mental Retardation ❑Multiple Myeloma ❑Multiple Sclerosis ❑Possible Multiple Sclerosis ❑Muscular Dystrophy ❑Neurological conditions affecting the brain or spinal cord ❑Parkinson's Disease ❑Polyneuropathy ❑Schizophrenia ❑Scleroderma ❑Spinal Cord Injury ❑Stroke/CVA ❑Transient Ischemic Attacks (TIAs) (2 or more)	☐	☐	☐	☐
3b.	Do you require mechanical or human assistance or supervision of any kind in any of the following activities: eating, dressing, toileting, transferring from bed to chair, walking, maintaining continence, and bathing?	☐	☐	☐	☐
3c.	Do you currently reside in, have you been advised to enter, or are you planning to enter a nursing home, assisted living facility, rehabilitation facility or other custodial facility, or are you currently receiving home health care services or attending adult day care?	☐	☐	☐	☐
3d.	Do you currently use any of the following medical devices: wheelchair, walker, hospital bed, quad cane, crutches, oxygen, stairlift, or dialysis?	☐	☐	☐	☐
3e.	Have you been diagnosed or treated by a member of the medical profession for HIV (Human Immunodeficiency Virus), AIDS (Acquired Immune Deficiency Syndrome) or AIDS Related Complex?	☐	☐	☐	☐

PLEASE NOTE BEFORE YOU CONTINUE WITH THIS APPLICATION:

If you answered YES to any of the questions in PART 3, SECTION A, we suggest you do not submit an application.
If you answered NO to every question, please continue.

SECTION B – Medical History

		Applicant A YES	Applicant A NO	Applicant B YES	Applicant B NO
3f.	In the last 18 months, have you been treated, examined or advised by a member of the medical profession? (If yes, complete the information below).	☐	☐	☐	☐

Applicant A	Applicant B
Date Last Seen _____	Date Last Seen _____
Physician Name _____	Physician Name _____
Street Address _____	Street Address _____
City, State, Zip _____	City, State, Zip _____
Telephone # _____	Telephone # _____

PART 3 INSURABILITY QUESTIONS (Underwriting Questions)

SECTION B - Medical History (Please answer each question and provide details in the Medical History Details.

		Applicant A		Applicant B	
		YES	NO	YES	NO
3g.	Do you have a Primary Care Physician? (If yes, complete the information below).	☐	☐	☐	☐

Applicant A	Applicant B
Date Last Seen _____	Date Last Seen _____
Physician Name _____	Physician Name _____
Street Address _____	Street Address _____
City, State, Zip _____	City, State, Zip _____
Telephone # _____	Telephone # _____

3h.	Have you used tobacco products (cigarettes, pipe, cigar, or chewing tobacco) in the last 12 months?	☐	☐	☐	☐
3i.	Within the last 5 years, have you received medical advice, been diagnosed, examined or treated by a member of the medical profession for any of the following conditions? *Please check each that applies and provide details in the Medical History Details.*				
1.	Circulatory Disorders: ❑ Amaurosis Fugax ❑Aneurysm ❑Blood Clots ❑Cardiomyopathy ❑Carotid Artery Disease ❑Congestive Heart Failure ❑Coronary Artery Disease ❑Embolisms ❑Heart Arrhythmias ❑High Blood Pressure ❑Peripheral Vascular Disease ❑Stroke/CVA ❑Transient Ischemic Attack ❑Valvular Disease	☐	☐	☐	☐
2.	Endocrine and Pituitary Disorders: ❑ Diabetes ❑Addison's Disease ❑Pancreatitis ❑Cushing's Disease	☐	☐	☐	☐
3.	Cancers: ❑ Leukemia ❑ Lymphoma ❑Tumors ❑Melanoma ❑Squamous Cell ❑Sarcomas ❑Multiple Myeloma	☐	☐	☐	☐
4.	Genitourinary Disorders: ❑Renal Insufficiency ❑Kidney Failure ❑Incontinence ❑Prostate Disorders ❑Bladder Disorders	☐	☐	☐	☐
5.	Gastrointestinal Disorders: ❑Hepatitis ❑Ulcerative Colitis ❑Crohn's Disease ❑Liver Disorders ❑Cirrhosis	☐	☐	☐	☐
6.	Neurological Disorders: ❑Alzheimer's Disease ❑Amyotrophic Lateral Sclerosis ❑Anxiety ❑Cerebral Atrophy ❑Cerebral Palsy ❑Chronic Fatigue Syndrome ❑Cognitive Impairment ❑Dementia ❑Depression ❑Huntington's Disease ❑Memory Loss ❑Mental Illness ❑Mental Retardation ❑ Possible Multiple Sclerosis ❑Multiple Sclerosis ❑Muscular Dystrophy ❑Myasthenia Gravis ❑Neurological conditions affecting the brain or spinal cord ❑Neuropathy ❑Parkinson's Disease ❑Polyneuropathy ❑Schizophrenia ❑Seizures ❑Spinal Cord Injury ❑Syncope ❑Tremors	☐	☐	☐	☐
7.	Blood Disorders: ❑Anemia, ❑Leukopenia ❑Polycythemia Vera ❑Thrombocytopenia ❑Hemochromatosis	☐	☐	☐	☐
8.	Musculoskeletal Disorders: ❑Osteoporosis ❑Arthritis ❑Rheumatoid Arthritis ❑Osteoarthritis ❑Fractures ❑Fibromyalgia ❑Degenerative Joint Disease ❑Scoliosis ❑Spinal Stenosis ❑ Lupus ❑Polymyalgia Rheumatica ❑Osteopenia ❑Paralysis ❑Crest ❑Scleroderma	☐	☐	☐	☐
9.	Respiratory Disorders: ❑ Emphysema, ❑Bronchitis ❑Asthma ❑Bronchiectasis ❑Asbestosis ❑Sarcoidosis ❑Chronic Obstructive Pulmonary Disease ❑Cystic Fibrosis ❑Pulmonary Fibrosis	☐	☐	☐	☐

PART 3 INSURABILITY QUESTIONS (Underwriting Questions)

SECTION B – Medical History (continued)

		Applicant A YES	Applicant A NO	Applicant B YES	Applicant B NO
3i. (cont.)	Within the last 5 years, have you received medical advice, been diagnosed, examined or treated by a member of the medical profession for any of the following conditions? *Please check each that applies and provide details in the Medical History Details.*				
	10. Eye & Ear Disorders: ❑Macular Degeneration ❑Glaucoma ❑Retinitis Pigmentosa ❑Labrynthitis ❑Meniere's/Vertigo	☐	☐	☐	☐
	11. Substance Abuse: ❑Alcohol Use ❑Alcoholism ❑Drug dependency ❑Illicit drug use	☐	☐	☐	☐
3j.	Within the last 5 years have you been hospitalized or been treated by a member of the medical profession for any reason not previously stated?	☐	☐	☐	☐
3k.	Within the last 5 years, has any surgery or test(s) been recommended and not performed or any medication been prescribed and not taken?	☐	☐	☐	☐
3l.	Have you ever had an application for life, accident, medical or health, disability or long-term care insurance declined, postponed, modified or rated? If YES list medical reason: Applicant A:_____ Applicant B:_____	☐	☐	☐	☐
3m.	Have you applied for or are you receiving any disability benefits? Applicant A: Type_____ Percentage _____ Medical Reason_____ Applicant B: Type_____ Percentage _____ Medical Reason_____	☐	☐	☐	☐
3n.	Have any of your family members (mother, father or siblings) been diagnosed or treated by a member of the medical profession for any of the following conditions? (Please indicate all that apply) ❑Alzheimer's Disease ❑Amyotrophic Lateral Sclerosis (Lou Gehrig's) ❑Dementia ❑Diabetes ❑Heart Disease ❑Huntington's Disease ❑Parkinson's Disease ❑Stroke	☐	☐	☐	☐
[LIFESTYLE (PLEASE COMPLETE THIS SECTION IF YOU ARE 64 OR YOUNGER.)					
3o.	Are you currently employed? If yes, what is your occupation? _____	☐	☐	☐	☐
3p.	In the past 10 years have you done or in the future, do you intend within the next 2 years to do any of the following activities? Skin/scuba Diving, Parachuting, Motorized racing, Rock/mountain climbing, Boxing? Frequency? Applicant A: Activity Type _____ Frequency Per Year _____ Applicant B: Activity Type _____ Frequency Per Year _____	☐	☐	☐	☐
3q.	In the past 5 years, have you been convicted of two or more felony motor vehicle moving violations or had a driver's license suspended or revoked? If yes, license # and state. Applicant A _____ Applicant B _____	☐	☐	☐	☐]

PART 3 INSURABILITY QUESTIONS (Underwriting Questions)

SECTION B – Medical History (continued)

MEDICAL HISTORY DETAILS

If you answered YES to any of questions 3i-3m*, provide full details below. Attach a separate sheet if you need additional space.*

Applicant A

Diagnosis/ Disorder/ Reason	Diagnosis Date	Treatment Date(s)	Name, Address, Tel# of Physician, Provider, and/or Insurer (if applicable) and Comments

Applicant B

Diagnosis/ Disorder/ Reason	Diagnosis Date	Treatment Date(s)	Name, Address, Tel# of Physician, Provider, and/or Insurer (if applicable) and Comments

PART 3 INSURABILITY QUESTIONS (Underwriting Questions)

SECTION B – Medical History (continued)

MEDICAL HISTORY DETAILS

If you answered YES to 3n *provide full details below. Attach a separate sheet if you need additional space.*

Applicant A

Diagnosis	Relationship (eg. Mother)	Age of Onset

Applicant B

Diagnosis	Relationship (eg. Mother)	Age of Onset

3r. MEDICATIONS

List all prescription medications taken or that have been prescribed to you at any time over the past 18 months.

Applicant A

Name of Medication	Dosage	Frequency	Reason Prescribed	Physician Name

Applicant B

Name of Medication	Dosage	Frequency	Reason Prescribed	Physician Name

FRAUD NOTICE: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement.

PART 4 COVERAGE SELECTION - [Product Name]

		Applicant A	Applicant B
4a.	Benefit Amount (select either Daily or Monthly)		
	[☐ Daily Benefit ($50-$500 in $10 increments) ☐ Monthly Benefit Amount ($1,500 -$15,000 in $100 increments)	$	$]
4b.	Benefit Period (select one)	[☐ 2 Years ☐ 3 Years ☐ 4 Years ☐ 5 Years ☐ 6 Years ☐ 10 Years	☐ 2 Years ☐ 3 Years ☐ 4 Years ☐ 5 Years ☐ 6 Years ☐ 10 Years]
4c.	Elimination Period (Dates of Service)	[☐ 30 Days ☐ 60 Days ☐ 90 Days ☐ 180 Days ☐ 365 Days	☐ 30 Days ☐ 60 Days ☐ 90 Days ☐ 180 Days ☐ 365 Days]
4d.	Inflation Protection Options *[* This is the default if you do not select an inflation protection option].*	[☐ Benefit Builder* ☐ CPI Compound Inflation ☐ CPI Compound to Age 75 ☐ 5% Compound Inflation [☐ 3% Compound Inflation ☐ Guaranteed Purchase Option	☐ Benefit Builder* ☐ CPI Compound Inflation ☐ CPI Compound to Age 75] ☐ 5% Compound Inflation ☐ 3% Compound Inflation ☐ Guaranteed Purchase Option]
	Rejection of Inflation I have reviewed the outline of coverage and the graphs that compare benefits and premiums of this policy with and without inflation protection. Specifically, I have reviewed the 5% Compound Inflation and I reject this inflation option.	*You must check the box below if you did not select 5% Compound Inflation.* ☐ I reject 5% Compound Inflation	*You must check the box below if you did not select 5% Compound Inflation* ☐ I reject 5% Compound Inflation
4e.	Optional Benefits	[☐ Shared Care ☐ Survivorship and Waiver of Premium ☐ Waiver of HHC Elimination Period ☐ Additional Cash Benefit ☐ Nonforfeiture	☐ Shared Care ☐ Survivorship and Waiver of Premium ☐ Waiver of HHC Elimination Period ☐ Additional Cash Benefit] ☐ Nonforfeiture
	Rejection of Nonforfeiture I have reviewed the outline of coverage and the Nonforfeiture benefit described therein. Specifically, I have reviewed this optional benefit available to me and I reject the Nonforfeiture benefit.	*You must check the box below if you did not select Nonforfeiture.* ☐ I reject Nonforfeiture	*You must check the box below if you did not select Nonforfeiture.* ☐ I reject Nonforfeiture

PART 5 PREMIUM PAYMENT AND ADMINISTRATION

		Applicant A	Applicant B
5a.	Premium Payment Option	[☐ Standard Pay (Paid-up at Age 95) [☐ 20-Year Limited Payment Option ☐ Paid-up at Age 75 Limited Payment Option	☐ Standard Pay (Paid-up at Age 95) ☐ 20-Year Limited Payment Option ☐ Paid-up at Age 75 Limited Payment Option]
[5b.	Payment Method *Please select one of the following for each applicant.*		
	1. Select a mode of payment	☐ Annual ☐ Semi-Annual ☐ Quarterly ☐ Monthly	☐ Annually ☐ Semi-Annual ☐ Quarterly ☐ Monthly
	2. Payment Type *Please include a voided check and complete form LTC-7269R for Bank Draft.*	☐ Direct Bill ☐ Monthly Bank Draft (Electronic Fund Transfer)	☐ Direct Bill ☐ Monthly Bank Draft (Electronic Fund Transfer)

3. Credit/Debit Card

Payment Frequency: ☐ Quarterly ☐ Monthly ☐ Annual ☐ Semi-Annual

Card Type: ☐ Mastercard ☐ Visa

Card Number: _____ Expiration Date: ----------

Cardholder's Name: ----------

_____

An Advance Payment is required.

☐ I have enclosed my advance payment in the amount of $_____ (minimum of one month's modal premium)

Please make checks payable to John Hancock Life Insurance Company (U.S.A.). Do not make check payable to the agent or leave the payee blank. Your advance payment check will be held in a non-interest bearing account while we underwrite your application.

	Applicant A	Applicant B
4. Is this a List Bill? ☐ Please check if this is a new List Bill.	☐ Yes ☐ No	☐ Yes ☐ No
Group Number:	_____	_____
Group Name:	_____	_____]

PART 6 INSURANCE HISTORY

		Applicant A YES	Applicant A NO	Applicant B YES	Applicant B NO
6a	Are you covered by Medicaid?	☐	☐	☐	☐
6b.	Have you had another LTC insurance policy/certificate in-force during the last 12 months?	☐	☐	☐	☐
	If YES, insurance company name:				
	If lapsed, date of lapse:				
6c.	Do you have another LTC insurance policy or certificate in-force (including a healthcare service, health maintenance, or Medicare supplement contract)?	☐	☐	☐	☐
	If YES, insurance company name:				
	Policy/certificate #:				
	Annual premium:	$		$	
	Daily/Monthly benefit:	$		$	
	LTC insurance?	☐ Yes ☐ No		☐ Yes ☐ No	
6d.	Do you intend to replace any of your LTC, medical or health insurance coverage with the policy for which you are applying?	☐	☐	☐	☐
	If YES, insurance company name:				

PART 7 PROTECTION AGAINST UNINTENDED LAPSE

I understand that I have the right to name another person to receive Notice of Lapse/Termination of my insurance policy for non-payment of premium. I understand that notice will not be given until 30 days after a premium is due and unpaid.

Applicant A

☐ I elect NOT to designate any person to receive such notice, or

☐ I elect to designate the person below to receive such notice.

Name of Person _____

Number Street, Apt. # _____

City, State, Zip Code _____

Applicant B

☐ I elect NOT to designate any person to receive such notice, or

☐ I elect to designate the person below to receive such notice.

Name of Person _____

Number Street, Apt. # _____

City, State, Zip Code _____

PART 8 SPECIAL REQUESTS

PART 9 DECLARATION AND AUTHORIZATIONS

GENERAL AGREEMENT & ACKNOWLEDGMENT

I understand and agree as follows:

1. I have received the Outline of Coverage, Notice of Insurance Information Practices, Long-Term Care Insurance Personal Worksheet, Things You Should Know Before You Buy Long Term Care Insurance, the Potential Rate Increase Disclosure, the Shopper's Guide to Long-Term Care Insurance and a Replacement Notice (if replacing coverage) and the Guide to Health Insurance for People with Medicare (if eligible for Medicare).
2. In order for the underwriting of this application to proceed, this application and all underwriting requirements must be complete.
3. No agent or medical examiner has the authority from John Hancock to accept any risk, determine insurability, or waive or change any requirements or questions on this application.
4. John Hancock Life Insurance Company (U.S.A.) ("John Hancock") may require an attending physician statement, medical records, an underwriting assessment, a medical examination, motor vehicle report or other questionnaire or test.
5. I have read and reviewed the application. My statements and answers on this application are true, complete and correctly recorded to the best of my knowledge. They are representations and not warranties, and will be part of and form the basis of my policy being issued.

PREMIUM AGREEMENT AND AUTHORIZATION

I understand and agree that:

1. Completing this application or making an advance payment is not a guarantee that my application will be approved. If approved, the effective date will be indicated in the policy issued.
2. If my application is declined, the long-term care insurance coverage applied for will not become effective and any advance payment submitted with the application will be refunded to me, without interest.

[3. If making an advance payment, my check(s) will be held in a non-interest bearing account while John Hancock reviews this application for acceptance.]

[4. By making an advance payment by check with this application, my health status will be frozen as of the later of: the date I sign this application or the date I complete all physical exams or tests required by John Hancock, if applicable. This means that any change in my health that occurs after the date my health status is frozen will not affect the underwriting of my application. In addition, if my application is approved, my eligibility for benefits may begin on the date my health status was frozen.] [I understand that if no advance payment is made with the application, any subsequent change in health status before delivery of the policy should be communicated to John Hancock in writing and will affect my insurability.]

5. If bank draft is the selected method of payment, the first draft will occur on the premium due date after my policy has been issued. Subsequent drafts will occur on the selected draft day requested in Part 5 of this application.
6. In order to keep my policy in force, I must pay all the required premiums when due. The premium deducted or charged will be as shown on the policy or the most recent change notice issued to the policyholder by John Hancock.
7. I understand that premium rates are not guaranteed and may be increased in the future if I am among the group of policyholders whose premiums are determined to be inadequate.

[8. I understand that there will not be meaningful benefit increases incurred in the early years if I selected the Benefit Builder.]

9. I authorize John Hancock to deduct from my bank all required premiums, based upon my selected method of payment as shown in Part 5, indefinitely until I provide written notice of cancellation to John Hancock at servicing address stated in the policy, after allowing a reasonable time to act upon my notification. I agree to contact John Hancock if there are any changes to my account information. John Hancock reserves the right to terminate this payment plan at any time.

CAUTION: IF YOUR ANSWERS ON THIS APPLICATION ARE INCORRECT OR UNTRUE, JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A) MAY HAVE THE RIGHT TO DENY BENEFITS OR RESCIND YOUR COVERAGE.

Applicant A		Applicant B	
Signature		Signature	
X _____		X _____	
Signed at (City & State)	Date	Signed at (City & State)	Date
_____	_____	_____	_____

PART 10 PRODUCER/AGENT'S STATEMENT

		Applicant A	Applicant B
10a.	**Replacement:** To the best of my knowledge, replacement of other insurance (check box) involved in this transaction.	☐ Is ☐ Is Not	☐ Is ☐ Is Not

Listed below are all other health insurance policies I have (i) sold to the Applicant(s) which are still in force; and (ii) sold to the Applicant(s) in the last five years which are no longer in force.

Applicant A/B	Company	Type of Policy	Effective Date	In-Force?
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

	Applicant A	Applicant B
Please indicate the Underwriting Risk Classification quoted:	☐ Preferred	☐ Preferred
Note: LTC Underwriting will determine the appropriate risk class regardless of that quoted to the applicant. We will communicate any change.	☐ Select	☐ Select
	☐ Class 1	☐ Class 1
	☐ Class 2	☐ Class 2

I certify that I am duly licensed, appointed (when required), and have completed the required initial and ongoing training (where required) to solicit this application for long-term care insurance in this state.

Signature of Licensed Producer: _____

Producer Name (Please print): _____ Date: _____

Please attach the Illustration presented to the Applicant(s).